


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90236 041 \*\*\*150.00

**DOCUMENT # P01000090217**

1. Entity Name  
**ROBERT A. KIESLING P.A.**



Principal Place of Business      Mailing Address  
 4793 N CONGRESS AVE, SUITE 206      4793 N CONGRESS AVE, SUITE 206  
 BOYNTON BEACH, FL 33426      BOYNTON BEACH, FL 33426

**14011060**



2. Principal Place of Business <b>2240 Woolbright Rd</b>		3. Mailing Address <b>2240 Woolbright Rd</b>	
Suite, Apt. #, etc. <b>325</b>		Suite, Apt. #, etc. <b>325</b>	
City & State <b>Boynton Beach FL</b>		City & State <b>Boynton Beach FL</b>	
Zip <b>33426</b>	Country	Zip <b>33426</b>	Country

04222004    Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-1139969</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>KIESLING, ROBERT A 4793 N CONGRESS AVE, SUITE 206 BOYNTON BEACH, FL 33426</b>		7. Name and Address of New Registered Agent Name: <b>Kiesling, Robert A</b> Street Address (P.O. Box Number is Not Acceptable): <b>2240 Woolbright Rd</b> <b>Suite 325</b> City: <b>Boynton Beach</b> FL    Zip Code: <b>33426</b>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ DATE: **4/26/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. "Election" Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>KIESLING, ROBERT A</b> <b>8831 BERMUNDA SOUND WAY</b> <b>BOYNTON BEACH, FL 33436</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Kiesling, Robert</b> <b>2240 Woolbright Rd #325</b> <b>Boynton Beach, FL 33426</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **4/16/04**    **738-9331**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #