


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90500 044 ***150.00

DOCUMENT # P02000021378

1. Entity Name
KINA LUNDGREN, P.A.



Principal Place of Business Mailing Address

4727 SW 13TH AVE 4727 SW 13TH AVE
 206 206
 CAPE CORAL, FL 33914 CAPE CORAL, FL 33914

20053922



2. Principal Place of Business 3. Mailing Address

14731 JONATHAN HARBOUR DR **14731 JONATHAN HARBOUR DRIVE**

Suite, Apt. #, etc. Suite, Apt. #, etc.

04252005 Chg-P CR2E034 (10/03)

City & State City & State

FORT MYERS, FL 33908 **FORT MYERS, FL**

Zip Country Zip Country

33908 **USA** **33908** **USA**

4. FEI Number Applied For

03-0388011 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUNDGREN, KINA
4727 SW 13TH AVE #206
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

Name **KINA LUNDGREN**

Street Address (P.O. Box Number is Not Acceptable)
14731 JONATHAN HARBOUR DR

City **FORT MYERS** FL Zip Code **33908**

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 **X Kina Lundgren** DATE **4-28-05**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LUNDGREN, KINA	
STREET ADDRESS	4727 SW 13TH AVE #206	
CITY-ST-ZIP	CAPE CORAL, FL 33914	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDGREN KINA	
STREET ADDRESS	14731 JONATHAN HARBOUR DR	
CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 **X Kina Lundgren** DATE **4-28-05**

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