


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2005 90500 044 \*\*\*150.00

<b>DOCUMENT # P02000021378</b>					
<b>1. Entity Name</b> KINA LUNDGREN, P.A.					
<b>Principal Place of Business</b> 4727 SW 13TH AVE 206 CAPE CORAL, FL 33914			<b>Mailing Address</b> 4727 SW 13TH AVE 206 CAPE CORAL, FL 33914		
<b>2. Principal Place of Business</b> 14731 JONATHAN HARBOUR DRIVE		<b>3. Mailing Address</b> 14731 JONATHAN HARBOUR DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> FORT MYERS, FL 33908		<b>City &amp; State</b> FORT MYERS, FL		<b>4. FEI Number</b> 03-0388011	
Zip 33908		Country USA		Applied For Not Applicable	
Zip 33908		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> LUNDGREN, KINA 4727 SW 13TH AVE #206 CAPE CORAL, FL 33914			<b>7. Name and Address of New Registered Agent</b> Name: KINA LUNDGREN Street Address (P.O. Box Number is Not Acceptable): 14731 JONATHAN HARBOUR DR City: FORT MYERS FL Zip Code: 33908		
<b>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.</b> SIGNATURE: <i>Kina Lundgren</i> DATE: 4-28-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNDGREN, KINA 4727 SW 13TH AVE #206 CAPE CORAL, FL 33914		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNDGREN KINA 14731 JONATHAN HARBOUR DR FORT MYERS, FL 33908	
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	
<b>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.</b>					
SIGNATURE: <i>Kina Lundgren</i>			DATE: 4-28-05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

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04252005 Chg-P CR2E034 (10/03)