



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000033396	
1. Entity Name JACALYN N. KOLK, P.A.	

Principal Place of Business 4116 HWY 231 NORTH PANAMA CITY, FL 32404	Mailing Address PO BOX 59462 PANAMA CITY, FL 32412-0462
--	---

DO NOT WRITE IN THIS SPACE

	
01062005 No Chg-P	CR2E034 (10/03)
4. FEI Number 02-0576747	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOLK, JACALYN N
4116 HWY 231 N
PANAMA CITY, FL 32404

DO NOT WRITE IN THIS SPACE

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 _____ (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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOLK, JACALYN N 4116 HWY 231 N PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000219695
02/08/05-80038-017 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Jacalyn N Kolk, Officer* **JACALYN N KOLK, Officer** 1-5-05

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