


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000104600  
1. Entity Name  
KOHLMANN & ASSOCIATES, INC.



Principal Place of Business      Mailing Address  
2128 WHITE WING DOVE PLACE      2128 WHITE WING DOVE PLACE  
JACKSONVILLE, FL 32259      JACKSONVILLE, FL 32259

**DO NOT WRITE IN THIS SPACE**



01312005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
91-2061364      Not Applicable

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

6. Name and Address of Current Registered Agent  
KOHLMANN, HENRY J JR.  
2128 WHITE WING DOVE PLACE  
JACKSONVILLE, FL 32259

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

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

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KOHLMANN, HENRY J JR.
STREET ADDRESS	2128 WHITE WING DOVE PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	D
NAME	KOHLMANN, BARBARA R
STREET ADDRESS	2128 WHITE WING DOVE PLACE
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Henry J. Kohlmann Jr*      HENRY J. Kohlmann Jr CEO      Date: 01/24/05      Daytime Phone #: 904 254 7233