

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90047 010 ***150.00

DOCUMENT # P03000014683

1. Entity Name
MATTHEW CRAIG KESTERSON, P.A.



Principal Place of Business
~~1155 BOUNTY BLVD.~~
~~VERO BEACH, FL 32963~~

Mailing Address
~~1155 BOUNTY BLVD.~~
~~VERO BEACH, FL 32963~~

2. Principal Place of Business - No P.O. Box #
4880 Stack Blvd.
Suite, Apt. #, etc.
Suite E5

3. Mailing Address
Same
Suite, Apt. #, etc.
"

City & State
Melbourne, Fl.

City & State
"

Zip
32901

Country

Zip

"

Country

02132007 Chg-P CR2E034 (12/06)

4. FEI Number
~~30-0723344~~ 56-2314817

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KESTERSON, MATTHEW C
~~1155 BOUNTY BLVD.~~
VERO BEACH, FL 32963

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1042 Near Ocean Drive

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KESTERSON, MATTHEW C
~~1155 BOUNTY BLVD.~~
VERO BEACH, FL 32963 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
DRIVE
1042 Near Ocean Blvd.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Matthew Kesterson* Matthew Kesterson, Dir.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

X 2-21-07 (321)
X 821-2800