2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000020408

1. Entity Name
MICHAEL J KESTLER INC

Principal Place of Business	Mailing Address
491 STOKES LANDING ROAD ST AUGUSTINE, FL 32095	491 STOKES LANDING ROAD ST AUGUSTINE, FL 32095

DO NOT WRITE IN THIS SPACE

01042006   No Chg-P   CR2E034 (11/05)

4. FEI Number 71-0951721	Applied For
	Not Applicable

5. Certificate of Status Desired   ☑   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KESTLER, MICHAEL J
491 STOKES LANDING ROAD
ST AUGUSTINE, FL 32095

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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 _____

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, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000382512 01/12/06-80015-015 158.75

10.   OFFICERS AND DIRECTORS

TITLE	PS
NAME	KESTLER, MICHAEL J
STREET ADDRESS	491 STOKES LANDING ROAD
CITY-ST-ZIP	ST AUGUSTINE, FL 32095

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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CITY-ST-ZIP	

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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: *Michael J Kestler*   Michael J. Kestler   01-09-06   904-434-8774

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