

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 NOV 18 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000158954

1. Entity Name
JENNIFER KOLAR TOPJUN, P.A.



Principal Place of Business
1747 RIVIERA CIRCLE
SARASOTA, FL 34232

Mailing Address
1747 RIVIERA CIRCLE
SARASOTA, FL 34232

2. Principal Place of Business
2016 RIVIERA DRIVE
Suite, Apt. #, etc.

3. Mailing Address
2016 RIVIERA DRIVE
Suite, Apt. #, etc.

City & State
SARASOTA FLORIDA

City & State
SARASOTA FLORIDA

Zip
34232

Country
USA

Zip
34232

Country
USA



09152005 Chg-P CR2E034 (10/03)

4. FEI Number
20-2057604

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SABA, RICHARD D
2033 MAIN ST., STE. 303
SARASOTA, FL 34237

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by October 1, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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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)(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.

SIGNATURE: _____ 9/26/05 941-374-0969

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