2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000028775

1. Entity Name
MARILYNN KUHN PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
12518 SE 176 LOOP SUMMERFIELD, FL 34491	12518 SE 176 LOOP SUMMERFIELD, FL 34491

DO NOT WRITE IN THIS SPACE

08022007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-3780401	Not Applicable

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

6. Name and Address of Current Registered Agent

KUHN, MARILYNN
1918 SE 17TH STREET
OCALA, FL 34471

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 _Marilynn Kuhn_

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 **Due by September 14, 2007**	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

TITLE	P
NAME	KUHN, MARILYNN
STREET ADDRESS	12518 SE 176 LOOP
CITY-ST-ZIP	SUMMERFIELD, FL 34491

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/10/07-80006-020 150.00

DO NOT WRITE IN THIS SPACE

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: _Marilynn S. Kuhn_   8/4/07   352-427-5357

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