

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90028 036 ***150.00

DOCUMENT # P05000131413

1. Entity Name
MELANIE S KOHLER, P.A.



Principal Place of Business
**1404 E. SILVER SPRINGS BLVD.
OCALA, FL 34471**

Mailing Address
**1404 E. SILVER SPRINGS BLVD.
OCALA, FL 34471**

2. Principal Place of Business - No P.O. Box #
44 S.E. 1st Ave

3. Mailing Address

Suite, Apt. #, etc.
201

Suite, Apt. #, etc.

City & State
Ocala FL

City & State

Zip
34471

Country
US

Zip

Country

03262008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3722603

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOHLER, MELANIE S
1404 E. SILVER SPRINGS BLVD.
OCALA, FL 34471**

Name
KOHLER, Melanie S.

Street Address (P.O. Box Number is Not Acceptable)
44 SE 1st Ave., Ste 201

City
Ocala FL Zip Code
34471

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 *Melanie S. Kohler*

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

(NOTE: Registered Agent signature required when reinstating)

3/26/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
STREET ADDRESS
1404 E. SILVER SPRINGS BLVD.
CITY-ST-ZIP
OCALA, FL 34471 ☐ Delete

TITLE
NAME
D
STREET ADDRESS
44 SE 1st Ave., Ste 201
CITY-ST-ZIP
OCALA FL 34471 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
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:

Melanie S. Kohler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/08

Date

352-873-1313

Daytime Phone #