


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000073497

1. Entity Name
R. BRUCE KERSHNER COMPANY



Principal Place of Business Mailing Address
231 WEST BAY AVE **231 WEST BAY AVE**
LONGWOOD, FL 32750-4125 **LONGWOOD, FL 32750-4125**

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3207316 Not Applicable

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

6. Name and Address of Current Registered Agent

KERSHNER, R BRUCE
231 WEST BAY AVE
LONGWOOD, FL 32750-4125

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 _____ DATE _____
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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


10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KERSHNER, R. BRUCE
STREET ADDRESS	231 WEST BAY AVE
CITY-ST-ZIP	LONGWOOD, FL 327504125
TITLE	S/T
NAME	KERSHNER, JULIE A
STREET ADDRESS	231 WEST BAY AVENUE
CITY-ST-ZIP	LONGWOOD, FL 327504125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/05-80039-021 150.00

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:  4/21/05 407/830-1882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Bruce Kershner** Daytime Phone #