


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90089 020 ***150.00

DOCUMENT # P93000076555

1. Entity Name
KEREKES & ASSOCIATES, INC.



Principal Place of Business Mailing Address

**101 CENTURY 21 DRIVE
 SUITE 119F
 JACKSONVILLE, FL 32216 US**

**1047 GALLANBT FOX CIR N
 JACKSONVILLE, FL 32218 US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #; etc. Suite, Apt. #; etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

**KEREKES, CHARLES V
 101 CENTURY 21 DRIVE
 SUITE 119 F
 JACKSONVILLE, FL 32216**



01162005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-3218042 Not Applicable

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

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEREKES, CHARLES 101 CENTURY 21ST DRIVE #211-K JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Charles V. Kerek 4/10/05 904 757 3422

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