2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9400002536

1. Entity Name

KEVIN F. JURSINSKI, P.A.

Principal Place of Business

7800 UNIVERSITY POINTE DR

STE 200

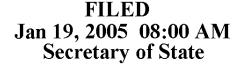
FORT MYERS, FL 33907

Mailing Address

7800 UNIVERSITY POINTE DR

STE 200

FORT MYERS, FL 33907





DO NOT WRITE IN THIS SPACE

01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0466454 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daylime Phone #

6. Name and Address of Current Registered Agent

JURSINSKI, KEVIN F 7800 UNIVERSITY POINTE DR STE 200 FORT MYERS, FL 33907

SIGNATURE:

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) OATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees	1100000185770
10. OFFICERS AND DIRECTORS U1/21/05-80029-002					01/21/05-80029-002 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST JURSINSKI, KEVIN F 7800 UNIVERSITY POINTE DR STE 2 FORT MYERS, FL 33907	:00		-	THE TANK THE COLUMN TOOL TOOL TOO
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR