2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000002536

1. Entity Name

KEVIN F. JURSINSKI, P.A.



FILED Jan 10, 2006 08:00 AM Secretary of State

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



01042006

No Chg-P

CR2E034 (11/05)

4. [FEI Number					
65-0466454						

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

FORT MYERS, FL 33907				IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.	urpose of changing its registe	ered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and a	ccept	
SIGNATURE	Signature, typed or printed name of registered agent and title	I applicable (NOTE: Registe	ered Agent signature	required when reinstating)	DATE	12 7-14	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECTORS				<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PST JURSINSKI, KEVIN F 7800 UNIVERSITY POINTE DR STE 2 FORT MYERS, FL 33907	00			U00000381449 01/11/06-80053-024 150.0	. ; 00 1	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					NOT WRITE THIS SPACE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE	ł						

12. Thereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PLEDIDENT 1/4/04

239337-1147

Daytime Phone #

Date

Keuin F. JURSINSICI