


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90217 023 ***150.00

DOCUMENT # P94000004647	
1. Entity Name PATRICK E. KRAFT, C.P.A., P.A.	

Principal Place of Business 1640 W OAKLAND PARK BLVD #400 FORT LAUDERDALE FL 33311 US	Mailing Address 2832 NE 26TH ST 800 FT. LAUDERDALE FL 33305 US
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business 6499 N. POWERLINE RD #301	3. Mailing Address FT LAUDERDALE FL
Suite, Apt. #, etc. #301	Suite, Apt. #, etc.
City & State FT LAUDERDALE FL	City & State
Zip 33309	Country BROWARD

4. FEI Number 65-0457974	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KRAFT, PATRICK E 2832 NE 26 ST FORT LAUDERDALE FL 33305	
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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KRAFT, PATRICK E 1640 W OAKLAND PARK BLVD #400 FORT LAUDERDALE FL 33311 <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: Patrick E Kraft PATRICK E KRAFT	Date: 2-21-05	Daytime Phone #: 954-441-2377
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