

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90035 009 ***158.75

DOCUMENT # P94000093047

1. Entity Name

KEN ZECHIEL, P.A.



Principal Place of Business

**4316 NEW RIVER HILL PKWY
VALRICO FL 33594**

Mailing Address

**4316 NEW RIVER HILL PKWY
VALRICO FL 33594**

2. Principal Place of Business

8766 Barcin Circle

Suite, Apt. #, etc.

3. Mailing Address

8766 Barcin Circle

Suite, Apt. #, etc.

City & State

Riverview Florida

City & State

Riverview Florida

Zip

33569-4950

Country

USA

Zip

33569-4950

Country

USA

4. FEI Number

65-0565384

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EAVES, MARICHAM R
4316 NEW RIVER HILL PKWY
VALRICO FL 33594**

7. Name and Address of New Registered Agent

Name **KEN ZECHIEL**

Street Address (P.O. Box Number is Not Acceptable)

8766 Barcin Circle

City **Riverview**

FL

Zip Code **33569**

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

Ken Zechiel

KEN ZECHIEL President

1/25/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	EAVES, MARKHAM R	
STREET ADDRESS	4316 NEW RIVER HILL PKWY	
CITY-ST-ZIP	VALRICO FL 33594	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SAMEC, EDWARD	
STREET ADDRESS	9812 GIBSONTON DRIVE	
CITY-ST-ZIP	RIVERVIEW FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZECHIEL, KEN	
STREET ADDRESS	8766 Barcin Circle	
CITY-ST-ZIP	Riverview, FL 33569-4950	

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. L. Seeker	
STREET ADDRESS	8766 Barcin Circle	
CITY-ST-ZIP	Riverview, FL 33569-4950	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

Ken Zechiel

KEN ZECHIEL

1/25/05

813/220-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #