

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90031 024 \*\*\*150.00

**DOCUMENT # P95000038210**  
 1. Entity Name  
 JONATHAN KLINE, P.A.



Principal Place of Business: 9050 PINES BLVD, 250, PEMBROKE PINES, FL 33024 US  
 Mailing Address: 9050 PINES BLVD, 250, PEMBROKE PINES, FL 33024 US

40000478



2. Principal Place of Business: 2761 Executive Park Drive  
 3. Mailing Address: 2761 Executive Park Dr

01042005 Chg-P CR2E034 (10/03)

City & State: Weston, FL

4. FEI Number: 65-0587463  
 Applied For: Not Applicable

Zip: 33331 Country: USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLINE, JONATHAN  
 9050 PINES BLVD  
 250  
 PEMBROKE PINES, FL 33024

Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): 2761 Executive Park Dr.  
 City: Weston FL Zip Code: 33331

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: *Jonathan Kline* DATE: 1-5-05

**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: DP  
 NAME: KLINE, JONATHAN  
 STREET ADDRESS: 9050 PINES BLVD., STE 250  
 CITY-ST-ZIP: PEMBROKE PINES, FL

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: 2761 Executive Park Dr.  
 CITY-ST-ZIP: Weston, FL 33331

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 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: \_\_\_\_\_ DATE: 1-5-05 DAYTIME PHONE #: 954-888-4646