

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90002 044 ***150.00



DOCUMENT # P95000077436

1. Entity Name
KRISTOPHER E. FERNANDEZ, P.A.

Principal Place of Business
**307 SOUTH BLVD
 SUITE D
 TAMPA, FL 33606 US**

Mailing Address
**P.O. BOX 10563
 TAMPA, FL 33679-0563**

50000383



2. Principal Place of Business
114 S. Fremont Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005 Chg-P CR2E034 (10/03)

City & State
Tampa FL

City & State

4. FEI Number
59-3339501

Applied For
 Not Applicable

Zip Country
33606 USA

Zip Country

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

**FERNANDEZ, KRISTOPHER E
 307 SOUTH BLVD
 SUITE D
 TAMPA, FL 33606**

Name

Street Address (P.O. Box Number is Not Acceptable)
114 S. Fremont Ave

City **Tampa** **FL** Zip Code **33606**

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)

DATE _____

**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 NAME Delete
PSTD FERNANDEZ, KRISTOPHER E
 STREET ADDRESS **3922 TAÇON ST**
 CITY-ST-ZIP **TAMPA, FL 33629**

TITLE NAME Change Addition
114 S. Fremont Ave
 STREET ADDRESS **Tampa FL 33606**
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
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TITLE NAME Delete
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 CITY-ST-ZIP

TITLE NAME Change Addition
 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: **1/5/2005** **(813) 932-6340**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #