

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000085617

1. Entity Name  
CPA WEALTH MANAGEMENT SERVICES, P.A.



Principal Place of Business  
215 BAYTREE DRIVE  
SUITE 1  
MELBOURNE, FL 32940

Mailing Address  
215 BAYTREE DRIVE  
SUITE 1  
MELBOURNE, FL 32940



01212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3342125	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK  
215 BAYTREE DRIVE  
SUITE 1  
MELBOURNE, FL 32940

**DO NOT WRITE  
IN THIS SPACE**

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

TITLE	D
NAME	HOYMAN, CHARLES W JR.
STREET ADDRESS	844 OAK PARK DRIVE
CITY - ST - ZIP	MELBOURNE, FL 32940

TITLE	D
NAME	OSWALT, BARBARA J
STREET ADDRESS	675 WATERWOOD WAY
CITY - ST - ZIP	MELBOURNE, FL 32940

TITLE	D
NAME	KIRKLAND, KAREN E
STREET ADDRESS	931 PALM BROOK DRIVE
CITY - ST - ZIP	MELBOURNE, FL 32940

TITLE	D
NAME	KIRK, THOMAS L
STREET ADDRESS	695 CANAL COURT
CITY - ST - ZIP	SATELLITE BEACH, FL 32937

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

UP0000326710  
04/25/05-80009-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Thomas L. Kirk*

4-20-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #