


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000091636
 1. Entity Name
KAUFFMAN PROPERTIES CORPORATION-TWO



Principal Place of Business
**455 LONGBOAT KEY ROAD #PH-4
 LONGBOAT KEY, FL 34228**

Mailing Address
**711 S OSPREY AVE
 SUITE 1
 SARASOTA, FL 34236**

DO NOT WRITE IN THIS SPACE



04162008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0635923

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**KAUFFMAN, GARY ESQ
 1990 MAIN ST., STE 700
 SARASOTA, FL 34236**

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 _____ (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100000940917
 05/28/08-80035-017-150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KAUFFMAN, MARK S
STREET ADDRESS	455 LONGBOAT KEY ROAD #PH-4
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	D
NAME	KAUFFMAN, IRENE E
STREET ADDRESS	455 LONGBOAT KEY ROAD #PH-4
CITY-ST-ZIP	LONGBOAT KEY, FL 34228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12: I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mark Kauffman 24 ap08 941-350-6314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #