2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000091903

1. Entity Name
THE LAW OFFICES OF KIRK D. EICHOLTZ, P.A.

Principal Place of Business	Mailing Address
2202 NORTH WEST SHORE BLVD. SUITE 200 TAMPA, FL 33607 US	2202 NORTH WEST SHORE BLVD. SUITE 200 TAMPA, FL 33607 US

DO NOT WRITE IN THIS SPACE

07092008   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-3438809	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

EICHOLTZ, KIRK D
2202 NORTH WEST SHORE BLVD.
SUITE 200
TAMPA, FL 33607

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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: _____   7-9-08

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
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees   In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	EICHOLTZ, KIRK D
STREET ADDRESS	2202 N. WEST SHORE BLVD., SUITE 200
CITY-ST-ZIP	TAMPA, FL 33607

TITLE	
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CITY-ST-ZIP	

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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: _____   7-9-08   813-632...83

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