

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000099039**

1. Entity Name

ALAN C. KAUFFMAN & ASSOCIATES, P.A.



Principal Place of Business

1900 NW CORPORATE BLVD  
EAST BUILDING SUITE 200-E  
BOCA RATON, FL 33431

Mailing Address

1900 NW CORPORATE BLVD  
EAST BUILDING SUITE 200E  
BOCA RATON, FL 33431



01212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0714644

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

KAUFFMAN, ALAN C  
1900 NW CORPORATE BLVD  
EAST BUILDING SUITE 200  
BOCA RATON, FL 33431

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity adopts 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 the 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**

000000201635  
01/28/05-80074-016 150.00

10. OFFICERS AND DIRECTORS

TITLE P  
NAME KAUFFMAN, ALAN C  
STREET ADDRESS 1900 NW CORPORATE BLVD, EAST BLDG SUITE 20  
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE  
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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 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 this report, with all other filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #