

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000107785

1. Entity Name
SONNEBORN RUTTER COONEY & KLINGENSMITH, P.A.



Principal Place of Business
**1545 CENTREPARK DRIVE NO.
WEST PALM BEACH, FL 33401-7414**

Mailing Address
**1545 CENTREPARK DRIVE NO.
WEST PALM BEACH, FL 33401-7414**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0800893

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RUTTER, R. WILLIAM JR
1545 CENTREPARK DRIVE NO.
WEST PALM BEACH, FL 33401-7414**

**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 SONNEBORN, BARBARA W
STREET ADDRESS 1545 CENTREPARK DRIVE NO.
CITY-ST-ZIP WEST PALM BEACH, FL 334017414

TITLE D
NAME RUTTER, R. WILLIAM JR
STREET ADDRESS 1545 CENTREPARK DRIVE NO.
CITY-ST-ZIP WEST PALM BEACH, FL 334017414

TITLE D
NAME KLINGENSMITH, MARK W
STREET ADDRESS 1545 CENTREPARK DRIVE NO.
CITY-ST-ZIP WEST PALM BEACH, FL 334017414

TITLE D
NAME COONEY, ROSEMARY
STREET ADDRESS 1545 CENTREPARK DRIVE NO.
CITY-ST-ZIP WEST PALM BEACH, FL 334017414

TITLE D
NAME SMITH, MICHAEL S
STREET ADDRESS 1545 CENTREPARK DRIVE NO.
CITY-ST-ZIP WEST PALM BEACH, FL 334017414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000007241142
02/23/05-80019-013 150.00

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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)(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 officers empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #