

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 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



01082007

No Chg-P

CR2E034 (11/05)

**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, 2007 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

000000593986  
01/22/07-80054-006 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/2007

Date

(561) 684-2000

Daytime Phone #