


2008 FOR PROFIT CORPORATION ANNUAL REPORT

5/1 **FILED**
Jun 02, 2008 8:00 am
Secretary of State
 05-02-2008 90111 045 ***150.00

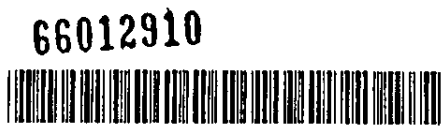
DOCUMENT # P98000079083

1. Entity Name
KUHLMAN & ASSOCIATES, INC.



Principal Place of Business: **306 WHITFIELD AVE SARASOTA, FL 34243**

Mailing Address: **306 WHITFIELD AVE STE 4 SARASOTA, FL 34243**



2. Principal Place of Business - No P.O. Box #
1505- 60th Ave W.

3. Mailing Address
1505- 60th Ave W

Suite, Apt. #, etc. _____

City & State: **Bradenton, Florida**

City & State: **Bradenton, Florida**

Zip: **34207** Country: **Manatee**

Zip: **34207** Country: **Manatee**

05012008 Chg-P CR2E034 (12/06)

4. FEI Number: **59-3530197**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

KUHLMAN, KAREN L
7509 52ND TERR. E.
BRADENTON, FL 34203

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____

State: **FL** Zip Code: _____

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring)

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**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KUHLMAN, KAREN L	
STREET ADDRESS	7509 52ND TERR. E.	
CITY - ST - ZIP	BRADENTON, FL 34203	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUHLMAN, CHERYL	
STREET ADDRESS	6605 KANSAS ST.	
CITY - ST - ZIP	BRADENTON, FL 34281	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Karen L. Kuhlman* **5-29-08**

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