

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # S13091

1. Entity Name
KYNES, MARKMAN & FELMAN, P.A.



Principal Place of Business

**BOX 3396
TAMPA, FL 33601**

Mailing Address

**BOX 3396
TAMPA, FL 33601**



03062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3036139

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARKMAN, STUART C.
100 S ASHLEY DR STE 1300
TAMPA, FL 33602**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARKMAN, STUART C.
STREET ADDRESS 100 S ASHLEY DR STE 1300
CITY-ST-ZIP TAMPA, FL 33602

TITLE VSTD
NAME FELMAN, JAMES E.
STREET ADDRESS 100 S. ASHLEY DR STE 1300
CITY-ST-ZIP TAMPA, FL 33602

TITLE
NAME
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CITY-ST-ZIP

080000464281
03/21/06 80110-017 150.00

**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 807, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stuart C. Markman

3-9-2006

813 229-1118

Date

Daytime Phone #