

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 28, 2005 08:00 AM  
Secretary of State

DOCUMENT # S47872

1. Entity Name  
ABRAHAMSON & KENNEDY, P.A.



Principal Place of Business  
2639 MCCORMICK DR.  
CLEARWATER, FL 33759 US

Mailing Address  
2639 MCCORMICK DR.  
CLEARWATER, FL 33759 US



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3064448

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ABRAHAMSON, ERIK G  
2639 MCCORMICK DR.  
CLEARWATER, FL 33759

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	ABRAHAMSON, ERIK G.
STREET ADDRESS	2689 MCCORMICK DR.
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	D
NAME	KENNEDY, THOMAS J.
STREET ADDRESS	5100 WEST KENNEDY BLVD. SUITE 100
CITY-ST-ZIP	TAMPA, FL 33609

DO NOT WRITE  
IN THIS SPACE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

000000338623  
04/28/05-80047-004 150.00