


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 A
Secretary of State

DOCUMENT # V53819 1. Entity Name JULIANA M. KIERSTEIN, P.A.		
Principal Place of Business 4100 CORPORATE SQ 172 NAPLES, FL 33942 US		Mailing Address 3789 NORTH ROAD NAPLES, FL 33942
<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> DO NOT WRITE IN THIS SPACE </div>		
6. Name and Address of Current Registered Agent KIERSTEIN, JULIANA M 3789 NORTH ROAD NAPLES, FL 33942		<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> DO NOT WRITE IN THIS SPACE </div>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PST	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> DO NOT WRITE IN THIS SPACE </div>
NAME	KIERSTEIN, JULIANA M	
STREET ADDRESS	3789 NORTH ROAD	
CITY - ST - ZIP	NAPLES, FL	
TITLE	D	
NAME	KIERSTEIN, JULIANA M	
STREET ADDRESS	3789 NORTH ROAD	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> DO NOT WRITE IN THIS SPACE </div>
CITY - ST - ZIP	NAPLES, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> DO NOT WRITE IN THIS SPACE </div>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> DO NOT WRITE IN THIS SPACE </div>
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 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: <i>Juliana M. Kerstein</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> JULIANA M. KIERSTEIN		Date: 1-15-07 Daytime Phone #: 239-643-0115