

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 483447

**Entity Name:** BARNETT, BOLT, KIRKWOOD, LONG & KOCHÉ, P.A.

**Current Principal Place of Business:**

601 BAYSHORE BLVD STE 700  
TAMPA, FL 33606

**Current Mailing Address:**

601 BAYSHORE BLVD STE 700  
TAMPA, FL 33606 US

**FEI Number:** 59-1621974

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARNETT, LESLIE J  
601 BAYSHORE BLVD., SUITE 700  
TAMPA, FL 33606 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title CPD  
Name BARNETT, LESLIE J  
Address 601 BAYSHORE BLVD #700  
City-State-Zip: TAMPA FL 33606

Title VD  
Name CARLSON, CHARLES A  
Address 601 BAYSHORE BLVD #700  
City-State-Zip: TAMPA FL 33606

Title CEO, STD  
Name KIRKWOOD, PETER T  
Address 601 BAYSHORE BLVD #700  
City-State-Zip: TAMPA FL 33606

Title VD  
Name LONG, THOMAS G  
Address 601 BAYSHORE BLVD #700  
City-State-Zip: TAMPA FL 33606

Title VD  
Name HUDOCK, LESLIE WAGER  
Address 601 BAYSHORE BLVD STE 700  
City-State-Zip: TAMPA FL 33606

Title VD  
Name BEHRENFELD, CRAIG E  
Address 601 BAYSHORE BLVD #700  
City-State-Zip: TAMPA FL 33606

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LESLIE J. BARNETT

**PRESIDENT**

**04/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date