## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000030130

Entity Name: SHEPARD, SMITH, KOHLMYER & HAND, P.A.

**FILED** Apr 19, 2024 **Secretary of State** 1960677255CC

## **Current Principal Place of Business:**

2300 MAITLAND CENTER PKWY., STE 100

MAITLAND, FL 32751

## **Current Mailing Address:**

2300 MAITLAND CENTER PKWY., STE 100 MAITLAND, FL 32751 US

FEI Number: 32-0242557 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SHEPARD, CLIFFORD B 2300 MAITLAND CENTER PKWY., STE 100 MAITLAND, FL 32751 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:

City-State-Zip:

Title

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Title D

SHEPARD, CLIFFORD B SMITH, D. ANDREW III Name Name

Address 2300 MAITLAND CENTER PKWY., STE Address 2300 MAITLAND CENTER PKWY., STE

City-State-Zip: MAITLAND FL 32751 City-State-Zip: MAITLAND FL 32751

Title Title

HAND, ANDREW J Name Name KOHLMYER, ERNEST H.

2300 MAITLAND CENTER PKWY 2300 MAITLAND CENTER PKWY., STE Address Address

City-State-Zip:

MAITLAND FL 32751

SUITE 100

**DIRECTOR** Name BRACKINS, PATRICK A

Address 2300 MAITLAND CENTER PKWY., STE

MAITLAND FL 32751

100

City-State-Zip: MAITLAND FL 32751

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: CLIFFORD B. SHEPARD

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04/19/2024