

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 18 PM 12:18



DOCUMENT # P05000115088 1. Entity Name KOMETA ENTERPRISES, INC.					
Principal Place of Business 109 SANDS LANE LONG KEY, FL 33001			Mailing Address P.O. BOX 632 LONG KEY, FL 33001		
2. Principal Place of Business - No P.O. Box # 2944 WOODLYN AVE		3. Mailing Address 2944 WOODLYN AVE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State NORRISTOWN, PA		City & State NORRISTOWN, PA		4. FEI Number 20-5848046	
Zip 19403		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOMETA, MICHAEL R 109 SANDS LANE LONG KEY, FL 33001			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) C/O T.D & CO 97665 OVERSEAS HWY. City KEY LARGO FL Zip Code 33037		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D KOMETA, MICHAEL R P.O. BOX 632 LONG KEY, FL 33001	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2944 WOODLYN AVENUE NORRISTOWN, PA 19403
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, D KOMETA, KAREN P.O. BOX 632 LONG KEY, FL 33001	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2944 WOODLYN AVENUE NORRISTOWN, PA 19403
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KOMETA, KAREN P.O. BOX 632 LONG KEY, FL 33001	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2944 WOODLYN AVENUE NORRISTOWN, PA 19403
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			9-13-07		2158700166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #