

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000039839

**Entity Name:** KARING KONSULTANTS, INC.

**Current Principal Place of Business:**

43 S POMPANO PARKWAY  
# 272  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

43 S POMPANO PARKWAY  
# 272  
POMPANO BEACH, FL 33069

**FEI Number:** 20-0882407

**Certificate of Status Desired:** Yes

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

REED, RANDY CPA  
6751 N FEDERAL HWY  
201  
BOCA RATON, FL 33487 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 P  
Name PARKES, KATHLEEN T  
Address 2206 S CYPRESS BEND DRIVE  
# 606  
City-State-Zip: POMPANO BEACH FL 33069

Title V  
Name PARKES, WILLIAM EJR.  
Address 2206 S CYPRESS BEND DRIVE  
# 606  
City-State-Zip: POMPANO BEACH FL 33069

Title T  
Name JOHNSON, KAREN P  
Address 5 BEVERLY HILLS DRIVE  
City-State-Zip: JACKSON TN 38305

Title S  
Name KEMPF, KAROL P  
Address 346 EMPIRE ROAD  
City-State-Zip: FLORISSANT CO 80816

*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:** WILLIAM E PARKES JR

**VICE PRESIDENT**

**02/13/2017**

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

\_\_\_\_\_  
Date