


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

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| DOCUMENT # 121930 | |  |
| 1. Entity Name KARST, INC. | | |

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| Principal Place of Business 8550 OLD WINTER GARDEN RD. P.O. BOX 616625 ORLANDO, FL 32861 US | Mailing Address 8550 OLD WINTER GARDEN RD. P.O. BOX 616625 ORLANDO, FL 32861 US |
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-0427850 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

KARST, CRAIG J.
8550 OLD WINTER GARDEN RD
ORLANDO, FL 32835

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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 *Craig J. Karst* CRAIG J. KARST 1/10/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KARST, ROY LAKE LOTTA ORLANDO, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KARST, LOYD 2301 S. SUMMERLIN AVENUE ORLANDO, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD KARST, CRAIG J 13 PINE STREET WINDERMERE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KARST, LARRY 603 PALOMAS OCOE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KARST, CRAIG J. 83 N. PINE STREET WINDERMERE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Craig J. Karst* CRAIG J. KARST 1/10/05 407 293 3231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #