

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90134 010 \*\*\*150.00

**DOCUMENT # 121930**

1. Entity Name  
**KARST, INC.**



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**

**30006741**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**59-0427850**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*[Signature]*

**CRAIG J. KARST**

**3/20/06**

Signature, typed or printed name of registered agent and board applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME KARST, ROY ☐ Delete  
STREET ADDRESS LAKE LOTTA  
CITY-ST-ZIP ORLANDO, FL

TITLE PD  
NAME KARST, ROY ☒ Change ☐ Addition  
STREET ADDRESS 9608 Maywood Dr  
CITY-ST-ZIP Windermere, FL 34786

TITLE VD  
NAME KARST, LOYD ☐ Delete  
STREET ADDRESS 2301 S. SUMMERLIN AVENUE  
CITY-ST-ZIP ORLANDO, FL

TITLE VD  
NAME KARST, LOYD ☒ Change ☐ Addition  
STREET ADDRESS 39005, ROSE STREET  
CITY-ST-ZIP Umatilla, FL 32784

TITLE SD  
NAME KARST, CRAIG J ☐ Delete  
STREET ADDRESS 13 PINE STREET  
CITY-ST-ZIP WINDERMERE, FL

TITLE SD  
NAME KARST, CRAIG J ☒ Change ☒ Addition  
STREET ADDRESS 8550 OLD WINTER GARDEN ROAD  
CITY-ST-ZIP ORLANDO, FL 32835

TITLE VD  
NAME KARST, LARRY ☐ Delete  
STREET ADDRESS 603 PALOMAS  
CITY-ST-ZIP OCOEE, FL

TITLE VP  
NAME KARST, LARRY ☒ Change ☐ Addition  
STREET ADDRESS 8404 LAKE LUCY Dr.  
CITY-ST-ZIP Orlando, FL 32818

TITLE TD  
NAME KARST, CRAIG J. ☐ Delete  
STREET ADDRESS 83 N. PINE STREET  
CITY-ST-ZIP WINDERMERE, FL

TITLE TD  
NAME KARST, CRAIG J. ☒ Change ☐ Addition  
STREET ADDRESS 8550 OLD WINTER GARDEN Rd  
CITY-ST-ZIP Orlando, FL 32835

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*

**CRAIG J. KARST**

**3/20/06**

**407 293 3231**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #