


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

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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01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0427850	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/17/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARST, ROY 9608 MAYWOOD DR WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KARST, LOYD 39005 ROSE ST UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KARST, CRAIG J 8550 OLD WINTER GARDEN RD ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KARST, LARRY 8404 LAKE LUCY DR ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KARST, CRAIG J. 8550 OLD WINTER GARDEN RD ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000794480
01/28/08-80009-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRAIG J. KARST

1/17/08
Date

407 293 3231
Daytime Phone #