2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# 121930

Entity Name: KARST, INC.

Current Principal Place of Business:

8550 OLD WINTER GARDEN RD.
P.O. BOX 616625
ORLANDO, FL 32861 US

New Principal Place of Business:

8550 OLD WINTER GARDEN RD.
ORLANDO, FL 32835 US

Current Mailing Address:

8550 OLD WINTER GARDEN RD.
P.O. BOX 616625
ORLANDO, FL 32861 US

New Mailing Address:

8550 OLD WINTER GARDEN RD.
ORLANDO, FL 32835 US

FEI Number: 59-0427850 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	KARST,ROY	
Address:	9608 MAYWOOD DR	
City-St-Zip:	WINDERMERE, FL 34786	
Title:	VD	( ) Delete
Name:	KARST,LOYD	
Address:	39005 ROSE ST	
City-St-Zip:	UMATILLA, FL 32784	
Title:	SD	( ) Delete
Name:	KARST, CRAIG J	
Address:	8550 OLD WINTER GARDEN RD	
City-St-Zip:	ORLANDO, FL 32835	
Title:	VD	( ) Delete
Name:	KARST, LARRY	
Address:	8404 LAKE LUCY DR	
City-St-Zip:	ORLANDO, FL 32818	
Title:	TD	( ) Delete
Name:	KARST, CRAIG J.	
Address:	8550 OLD WINTER GARDEN RD	
City-St-Zip:	ORLANDO, FL 32835	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CRAIG J. KARST SD 04/16/2009

Electronic Signature of Signing Officer or Director — Date