

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 208142

1. Entity Name
KASSATLY'S, INC.



Principal Place of Business
250 WORTH AVE.
PALM BEACH, FL 33480-4663

Mailing Address
250 WORTH AVE.
PALM BEACH, FL 33480-4663

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11072005

Chg-P

CR2E034 (10/03)

4. FEI Number
59-0860279

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

KASSATLY, EDWARD
250 WORTH AVE
PALM BEACH, FL 33480

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

(NOTE: Registered Agent signature required when reinstating)

DATE

100061552031
11/18/05--01053--005 **\$61.25

Amended AR is \$61.25

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 PV ☐ Delete
NAME KASSATLY, EDWARD
STREET ADDRESS 309 BARTON AVE
CITY-ST-ZIP PALM BEACH, FL

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

TITLE ST ☐ Delete
NAME KASSATLY, ROBERT
STREET ADDRESS 9062 LAKES BLVD.
CITY-ST-ZIP WEST PALM BEACH, FL 33412

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Change ☒ Addition
NAME NANCY B KASSATLY
STREET ADDRESS 9062 LAKES BLVD.
CITY-ST-ZIP WEST PALM BEACH, FL 33412

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE YP ☐ Change ☒ Addition
NAME CAMILLE N KASSATLY
STREET ADDRESS 309 BARTON AVE
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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:

Robert F. Kassatly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-15-05

(561) 655-5655

Date

Daytime Phone

FILED
05 NOV 18 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

