

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

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**



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**KASSATLY, EDWARD
250 WORTH AVE
PALM BEACH, FL 33480**

**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, 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, 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	S
NAME	KASSATLY, EDWARD
STREET ADDRESS	309 BARTON AVE
CITY- ST- ZIP	PALM BEACH, FL
TITLE	T
NAME	KASSATLY, ROBERT
STREET ADDRESS	9062 LAKES BLVD.
CITY- ST- ZIP	WEST PALM BEACH, FL 33412
TITLE	P
NAME	KASSATLY, NANCY B
STREET ADDRESS	9062 LAKES BLVD
CITY- ST- ZIP	WEST PALM BEACH, FL 33412
TITLE	V
NAME	KASSATLY, CAMILLE N
STREET ADDRESS	309 BARTON AVE
CITY- ST- ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/28/08-80086-008 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #