

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 31, 2005 08:00 AM
Secretary of State**

DOCUMENT # 508240

1. Entity Name
EDWIN F. KALMUS & CO., INC.



Principal Place of Business

**6403 W. ROGERS CIRCLE
PO BOX 5011
BOCA RATON, FL 33487**

Mailing Address

**6403 W. ROGERS CIRCLE
PO BOX 5011
BOCA RATON, FL 33487**



01142005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1687762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GALISON, LAWRENCE
6403 W. ROGERS CIRCLE
BOCA RATON, FL 33487**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	GALISON, LEON
STREET ADDRESS	3290 WESTMINSTER DR
CITY-ST-ZIP	BOCA RATON, FL 33496
TITLE	P
NAME	GALISON, LAWRENCE
STREET ADDRESS	17119 WHITEHAVEN DR.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	PS
NAME	GALISON, JOAN
STREET ADDRESS	17119 WHITEHAVEN DR.
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000282020
03/31/05-80023-025 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Leon Galison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/25/05

Daytime Phone #

5612416340