

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DO NOT WRITE IN THIS SPACE**

4/ FILED  
May 03, 2007 8:00 am  
Secretary of State

04-16-2007 90040 027 \*\*\*150.00



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1687762	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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

*Leon Galison Vice President 4/9/07*

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

DATE

**FILE NOW!! FEE IS \$150.00  
After May 1, 2007 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 33486
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

*Leon Galison*

4/30/07 5612416340  
Date Daytime Phone #