

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 508240

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

FILED  
Apr 08, 2009  
Secretary of State

## Current Principal Place of Business:

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

## New Principal Place of Business:

6403 W. ROGERS CIRCLE  
BOCA RATON, FL 33487

## Current Mailing Address:

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

## New Mailing Address:

6403 W. ROGERS CIRCLE  
BOCA RATON, FL 33487

FEI Number: 59-1687762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GALISON, LAWRENCE  
6403 W. ROGERS CIRCLE  
BOCA RATON, FL 33487 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: V ( ) Delete  
Name: GALISON, LEON  
Address: 3290 WESTMINSTER DR  
City-St-Zip: BOCA RATON, FL 33496

Title: P ( ) Delete  
Name: GALISON, LAWRENCE  
Address: 17119 WHITEHAVEN DR.  
City-St-Zip: BOCA RATON, FL

Title: PS ( ) Delete  
Name: GALISON, JOAN  
Address: 17119 WHITEHAVEN DR.  
City-St-Zip: BOCA RATON, FL

## 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:

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: LEON GALISON

V

04/08/2009

Electronic Signature of Signing Officer or Director

Date