## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT #642314**

1. Entity Name KARÁNAN CORPORATION



**FILED** Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

1001 SINCLAIR DR SARASOTA, FL 34240 US Mailing Address

1001 SINCLAIR DR SARASOTA, FL 34240

US



04152008 DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 59-1947151 Not Applicable

5. Certificate of Status Desired

\$8.75 Fee Requ

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

WALDEN, WR 1001 SINCLAIR DR SARASOTA, FL 34240

## DO NOT WRITE IN THIS SPACE

No Chg-P

8.	The above named entity submits this statement to	r the purpose of changing its registered office of	ir 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

10. TITLE NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

TIFLE

STREET ADDRESS CITY-ST-ZIP

(NOTE, Registered Agent signature required when reinstating)

## FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

SARASOTA, FL 34240

WALDEN, W.R. 1001 SINCLAIR DR 9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. Thereby certify that the information supplied with this filling 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:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #