

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 688864

Entity Name: KARA CONSTRUCTION, INC.

FILED
Feb 09, 2006
Secretary of State

Current Principal Place of Business:

4800 S FEDERAL HWY
83
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

PO BOX 6179
STUART, FL 34997

New Mailing Address:

FEI Number: 59-2029669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAHLE, L. DON
4800 S FED HWY 83
P O BOX 6179
STUART, FL 34997 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: TDC () Delete
Name: KAHLE, LOREN DON,
Address: 4800 SE FEDERAL HWY U 83
City-St-Zip: STUART, FL 34997

Title: PD () Delete
Name: KAHLE, LANCE DAVID,
Address: 10670 157TH ST N
City-St-Zip: JUPITER, FL 33478

Title: VSD () Delete
Name: KAHLE, FRED,
Address: 8006 SE FAIRCHILD WAY
City-St-Zip: HOBE SOUND, FL 33455

Title: VPS () Delete
Name: MESKAUSKAS, DAVID
Address: 1009 SW. BIANCA AVE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP () Delete
Name: BURNS, ROBERT
Address: 3158 SW DIMATTIA ST
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VPRM () Delete
Name: BAXTER, KARA
Address: 10631 SANDY RUN
City-St-Zip: JUPITER, FL 33478

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:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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: L. DON KAHLE

TDC

02/09/2006

Electronic Signature of Signing Officer or Director

Date