

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # F03000005543

1. Entity Name
KARA VITA, LLC



Principal Place of Business
**7558 SOUTHLAND BLVD., STE. 105
ORLANDO, FL 32809**

Mailing Address
**7558 SOUTHLAND BLVD., STE. 105
ORLANDO, FL 32809**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0067717

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, BEN
7558 SOUTHLAND BLVD., STE. 105
ORLANDO, FL 32809**

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**C
SCHUCHERT, KARALYN R
1949 SUGARLAND DRIVE, NO. 250
SHERIDAN, WY 82801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
HALLORAN, JENNIE
3956 TOWN CENTER BLVD., #130
ORLANDO, FL 32837**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
DUFFEY, DEBORAH
2040 CALUMET STREET
CLEARWATER, FL 33765**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CFO
WILLIAMS, BEN
5418 RUTLAND CT
ORLANDO, FL 32812**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100010203902
01/29/05-80048-019 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BEN WILLIAMS

Date

1/18/05

Daytime Phone #

407-988-9020

X108