

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2007 08:00 AM**  
**Secretary of State**



DOCUMENT # F04000000242

1. Entity Name  
**FERNDALE INVESTMENT CORP.**

Principal Place of Business  
**499 BOVEY ROAD  
 WAYZATA MN 55391**

Mailing Address  
**499 BOVEY ROAD  
 WAYZATA MN 55391**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **41-1851736**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KANE, MICHAEL O  
 GULFSTREAM DEVELOPMENT KANE REALTY  
 2975 BOBCAT VILLAGE CENTER ROAD SUITE 100  
 NORTH PORT FL 34288**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee Will Be \$550.00  
 Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KANE, MICHAEL O	
STREET ADDRESS	P.O. 3398	
CITY- ST- ZIP	PLACIDA FL 33946-6069	
TITLE	ST	<input type="checkbox"/> Delete
NAME	KANE, ALLISON G	
STREET ADDRESS	P.O. 3398	
CITY- ST- ZIP	PLACIDA FL 33946-6069	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KANE, OWEN V	
STREET ADDRESS	499 BOVEY ROAD	
CITY- ST- ZIP	WAYZATA MN 55391	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANE, DONNA M	
STREET ADDRESS	499 BOVEY ROAD	
CITY- ST- ZIP	WAYZATA MN 55391	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000675436	
CITY- ST- ZIP	03/30/07-80018-022 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Michael O Kane Chairman, 3/18/07 62-342 0621  
 SIGNATURE AND TYPED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #