

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # F04348

1. Entity Name
KONTRONICS, INC.

Principal Place of Business
**11218 PINE RIDGE ROAD
LEESBURG, FL 34788**

Mailing Address
**11218 PINE RIDGE ROAD
LEESBURG, FL 34788**

DO NOT WRITE IN THIS SPACE

04232007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2053885

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KONSTAN, ALLAN
11218 PINE RIDGE ROAD
LEESBURG, FL 34788**

**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 file if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW! FEE IS \$150.00
After May 1, 2007 Fee will be \$520.00**

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

**000000729862
05/08/07-80057-011**

50.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PS
KONSTAN, ALLAN
11218 PINE RIDGE ROAD
LEESBURG, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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12. I hereby certify that the information supplied with this filing 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 807, 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: *ALLAN KONSTAN* **ALLAN KONSTAN** **4/23/07**

PRINT NAME AND TYPED OR PRINTED NAME OF SHARED OFFICER OR DIRECTOR

Date

Online Filing #

(352) 343-8603