

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005174

Entity Name: KAS*PER RESOURCES, INC.

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

5816 VALENTE PLACE
SARASOTA, FL 34238

New Principal Place of Business:

Current Mailing Address:

PO BOX 20037
SARASOTA, FL 34276

New Mailing Address:

FEI Number: 23-2866442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIMON, THERESA
5816 VALENTE PLACE
SARASOTA, FL 34238 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: P () Delete
Name: KASS, MARCIA N
Address: 5816 VALENTE PLACE
City-St-Zip: SARASOTA, FL 34238

Title: V () Delete
Name: PERRAULT, SUSAN K
Address: 50 POWELL AVE
City-St-Zip: BETHPAGE, NY 11714

Title: S () Delete
Name: KASS, MARCIA N
Address: 5816 VALENTE PLACE
City-St-Zip: SARASOTA, FL 34238

Title: T () Delete
Name: PERRAULT, SUSAN K
Address: 50 POWELL AVE
City-St-Zip: BETHPAGE, NY 11714

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARCIA N KASS

P

01/22/2009

Electronic Signature of Signing Officer or Director

_____ Date