

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000005331

1. Entity Name
SANDER A. KESSLER & ASSOCIATES, INC.



Principal Place of Business
**2850 OCEAN PARK BLVD., #200
SANTA MONICA, CA 90405**

Mailing Address
**2850 OCEAN PARK BLVD., #200
SANTA MONICA, CA 90405**



01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
95-2385651

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HATCH, JOHN D ESQ.
1267 BERKSHIRE LANE, SUITE 200
TARPON SPRINGS, FL 34688**

**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, 2007 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
KESSLER, SANDER A
EIGHT TURNBERRY DRIVE
NEWPORT BEACH, CA 92660**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCD
BLOOM, RONALD A
1033 POINTVIEW STREET
LOS ANGELES, CA 90035**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MOSS, MELVIN
17235 SUPERIOR STREET
NORTHRIDGE, CA 91325**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KESSLER, KENNETH L
2460 ANGELO DRIVE
LOS ANGELES, CA 90077**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOS
KESSLER, STEVEN K
2121 MCKAIN ST
CALABASAS, CA 913023214**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
KESSLER, STEVEN K
2121 MCKAIN ST
CALABASAS, CA 913023214**

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01/17/07-80002-007 158.75

**DO NOT WRITE
IN THIS SPACE**

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 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

1/9/2007 310-309-2225

Date

Daytime Phone #