

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90231 047 ***150.00

DOCUMENT # F94000003113

1. Entity Name
KAMAN'S ART SHOPPES, INC.



Principal Place of Business
16838 PARK CIR. DR.
CHAGRIN FALLS, OH 44023

Mailing Address
16838 PARK CIR. DR.
CHAGRIN FALLS, OH 44023

14008354



04042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1681006

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~SMITH, DAVE~~
~~8502 RENALD BLVD.~~
~~TEMPLE TERRACE, FL 33637~~

DEAN CASTERLINE
1019 WEBSTER ST
ORLANDO FL
32804

**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)

4-23-05
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	PD
NAME	KAMAN, TRICIA
STREET ADDRESS	819 SUN RIDGE LN.
CITY - ST - ZIP	CHAGRIN FALLS, OH 44023
TITLE	VSTD
NAME	KAMAN, RICHARD
STREET ADDRESS	819 SUN RIDGE LN.
CITY - ST - ZIP	CHAGRIN FALLS, OH 44023
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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

4/19/05 440 708 1909
Date Daytime Phone #