

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006209

Entity Name: KALINA ENTERPRISES, INC.

FILED  
Apr 25, 2005  
Secretary of State

## Current Principal Place of Business:

1571 DOYLE RD., LOT 59  
DELTONA, FL 32725

## New Principal Place of Business:

901 DOG LEG TRAIL  
OSTEEN, FL 32764

## Current Mailing Address:

1571 DOYLE RD., LOT 59  
DELTONA, FL 32725

## New Mailing Address:

901 DOG LEG TRAIL  
OSTEEN, FL 32764

FEI Number: 59-3458327

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KALINA, JOHN  
1571 DOYLE RD., LOT 59  
DELTONA, FL 32725 US

## Name and Address of New Registered Agent:

KALINA, JOHN  
901 DOG LEG TRAIL  
OSTEEN, FL 32764 US

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:

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KALINA, JOHN J  
Address: 1571 DOYLE RD., LOT 59  
City-St-Zip: DELTONA, FL 32725

Title: V ( ) Delete  
Name: KALINA, JAMIE L  
Address: 1571 DOYLE RD., LOT 59  
City-St-Zip: DELTONA, FL 32725

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KALINA, JOHN J  
Address: 901 DOG LEG TRAIL  
City-St-Zip: OSTEEN, FL 32764

Title: V (X) Change ( ) Addition  
Name: KALINA, JAMIE L  
Address: 901 DOG LEG TRAIL  
City-St-Zip: OSTEEN, FL 32764

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN KALINA

P

04/25/2005

Electronic Signature of Signing Officer or Director

Date