

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90011 004 \*\*\*150.00

**DOCUMENT # G03983**

1. Entity Name

KEMPER ARTHUR THOMAS & COMPANY, INC.



Principal Place of Business

841 DOUGLAS AVENUE  
SUITE 103  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

841 DOUGLAS AVENUE  
SUITE 103  
ALTAMONTE SPRINGS FL 32714  
US



2. Principal Place of Business - No P.O. Box #

378 Center Pointe CR  
1272 #3

3. Mailing Address

378 Center Pointe CR  
1272 #3

1st MOORE

CR2E034 (10/06)

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

327701

Country

Seminole

Zip

327701

Country

Seminole

4. FEI Number

59-2235303

Applied For

Not Applicable

5. Certificate of Status Desired

NO

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KEMPER, THOMAS A  
500 CROOKED OAK COURT  
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Thomas A. Kemper* Thomas A. Kemper

02/07/2007

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**

**Make Check Payable to Florida Department of State**

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  
DP  
KEMPER, THOMAS A  
500 CROOKED OAK COURT  
LONGWOOD, FL 32779 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Thomas A. Kemper* Thomas A. Kemper 02/07/2007 407/774-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #