

# 2007 FOR PROFIT CORPORATION - ANNUAL REPORT (AR)

FILED

Apr 25, 2007 08:00 AM  
Secretary of State

DOCUMENT # J54764

1. Entity Name

CARTEK IMPORT SERVICE, INC.



Principal Place of Business

3641 62ND AVE. NORTH  
PINELLAS PARK FL 33781

Mailing Address

3641 62ND AVE. NORTH  
PINELLAS PARK FL 33781



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-2774104

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

MOLL, RANDOL F.  
3641 62 AVE N  
PINELLAS PK FL 33781

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

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 ☐ Delete  
P MOLL, RANDOL F.  
STREET ADDRESS 318 BAHIA VISTA DR  
CITY-STATE-ZIP INDIAN ROCKS BEACH FL 33785

TITLE NAME ☐ Delete  
D KERNS, JAMES D.  
STREET ADDRESS 14562 OLIVER ST  
CITY-STATE-ZIP LARGO FL

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition  
U000000729634  
05/08/07-80046-022 150.00

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randol F. Moll

4-20-07 7275213457

Date

Daytime Phone #