

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90030 027 \*\*\*150.00

**DOCUMENT # K36041**

1. Entity Name  
**KEHL ENTERPRISES, INC.**



Principal Place of Business  
**% CARL J. KEHL  
331 S.E. 3RD ST.  
POMPAÑO BEACH, FL 33060**

Mailing Address  
**% CARL J. KEHL  
331 S.E. 3RD ST.  
POMPAÑO BEACH, FL 33060**

**60015748**

2. Principal Place of Business  
**4610 Bayview Dr**

3. Mailing Address  
**4610 Bayview Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112006

Chg-P

CR2E034 (11/05)

City & State  
**Ft LAUDERDALE, FL. 33308**

City & State  
**Ft Lauderdale, FL 33308**

4. FEI Number  
**65-0079633**

Applied For  
Not Applicable

Zip  
**33308**

Country  
**Broward**

Zip  
**33308**

Country  
**Broward**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KEHL, CARL J  
331 S.E. 3RD ST.  
POMPAÑO BEACH, FL 33060**

Name

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

**4610 Bayview Dr**

City  
**Ft Lauderdale**

FL

Zip Code  
**33308**

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

*Carl Kehl*

*1-11-06*

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST  
KEHL, CARL J.  
331 S.E. 3RD ST.  
POMPAÑO BEACH, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**4610 Bayview Dr  
Ft Lauderdale, FL 33308** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KEHL, CARL J.  
331 S.E. 3RD ST.  
POMPAÑO BEACH, FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**4610 Bayview Dr  
Ft Lauderdale, FL 33308** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
Linda Benedon  
10720 NW 55 PLACE  
Coral Springs, FL 33076** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 ☐ Delete

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

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:

*Carl Kehl*

*1-11-06 561-451-4511*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #