

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K68204**

1. Entity Name  
**K. SASSAMAN, INC.**



Principal Place of Business  
**695 CENTRAL AVE  
ST. PETERSBURG, FL 33701**

Mailing Address  
**5198 40TH STREET SOUTH  
SAINT PETERSBURG, FL 33711**



04272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2936328</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fees Required	

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

**SASSAMAN, KENNETH  
5198 40TH STREET SOUTH  
SAINT PETERSBURG, FL 33711**

**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)

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

**U000000549067  
05/12/06-80047-019 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDST SASSAMAN, KENNETH P.O. BOX 60812 ST. PETERSBURG, FL 33784</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SASSAMAN, CHRISTOPHER K P.O. BOX 60812 ST. PETERSBURG, FL 33784</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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: Kenneth Sassaman KENNETH SASSAMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/27/06**  
Date

**727-527-1308**  
Daytime Phone #