


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 22, 2007 08:00 AM
Secretary of State

DOCUMENT # K68204 1. Entity Name K. SASSAMAN, INC.	
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Principal Place of Business 695 CENTRAL AVE ST. PETERSBURG, FL 33701	Mailing Address 5198 40TH STREET SOUTH SAINT PETERSBURG, FL 33711
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DO NOT WRITE IN THIS SPACE



06172007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

SASSAMAN, KENNETH
5198 40TH STREET SIUTH
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SASSAMAN, KENNETH P.O. BOX 60812 ST. PETERSBURG, FL 33784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SASSAMAN, CHRISTOPHER K P.O. BOX 60812 ST. PETERSBURG, FL 33784
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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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/07 *727-527-1308*
Date Daytime Phone #

Kenneth SASSAMAN