

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90031 048 ***150.00

DOCUMENT # L30105 1. Entity Name ROBERT J. KALEITA INSURANCE AGENCY, INC.					
Principal Place of Business 2300 PALM BCH LAKES BLVD #105 WEST PALM BEACH, FL 33409 US			Mailing Address 2300 PALM BCH LAKES BLVD #105 WEST PALM BEACH, FL 33409 US		
2. Principal Place of Business - No P.O. Box # 12230 Forrest Hill Blvd Suite, Apt. #, etc. Suite 110-FF		3. Mailing Address 12230 Forrest Hill Blvd Suite, Apt. #, etc. Suite 110-FF			
City & State Wellington FL 33414 Zip 33414		City & State Wellington FL Zip 33414		4. FEI Number 65-0155645	
Country Palm Beach		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KALEITA, ROBERT J. 13315 24TH COURT NORTH LOXAHATCHEE, FL 33470				7. Name and Address of New Registered Agent Name Robert J. Kaleita Street Address (P.O. Box Number is Not Acceptable) 1786 Wisteria Street City Wellington FL Zip Code 33414	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D KALEITA, ROBERT J. 13315 24TH COURT NORTH LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kaleita, Robert J. 1786 Wisteria Street Wellington FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert J. Kaleita <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/17/07 561-687-3761 <small>Date Daytime Phone #</small>		