

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

07 MAY -9 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M82267

1. Entity Name
KENNETH M. KALEEL, P.A.



Principal Place of Business
555 N. CONGRESS AVE.
STE #301
BOYNTON BEACH, FL 33426 US

Mailing Address
555 N. CONGRESS AVE.
STE. #301
BOYNTON BEACH, FL 33426 US

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0150516

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KALEEL, KENNETH M.
555 N CONGRESS AVE #301
BOYNTON BEACH, FL 33426

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PTS
KALEEL, KENNETH M.
555 N CONGRESS AVE
BOYNTON BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
KALEEL, KENNETH M.
555 N CONGRESS AVE
BOYNTON BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

400103529004
05/30/07--01032--008 **400.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07
Date

561-738-1104
Daytime Phone #