

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90074 036 ***150.00

DOCUMENT # P00000001420

1. Entity Name
KAHLEEN SMITH, INC.



Principal Place of Business
**1201 US HWY 1
36
NORTH PALM BEACH, FL 33408**

Mailing Address
**1201 US HWY 1
36
NORTH PALM BEACH, FL 33408**

50001389



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0976839

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ROZOWSKY, KAHLEEN
1201 US HWY 1
36
NORTH PALM BEACH, FL 33408**

Name **Randy M. Clough, CPA**

Street Address (P.O. Box Number is Not Acceptable)
4512 N Flagler Dr, Ste 204

City **West Palm Beach** FL Zip Code **33407**

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 **RANDY M. CLOUGH**
Signature, typed or printed name of registered agent and title if applicable.

Randy Clough
(NOTE: Registered Agent signature required when reinstating)

3/20/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **ROZOWSKY, KAHLEEN**
CITY - ST - ZIP **11680 LAKESHORE PLACE
NORTH PALM BEACH, FL 33408**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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CITY - ST - ZIP

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CITY - ST - ZIP

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: **Pallen Rozowsky**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/08 **561-627-4688**
Date Daytime Phone #