2007 FOR PROFIT CORPORATION

Apr 12, 2007 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P01000080362 1. Entity Name KAHL'S ROOF PAINTING, INC. Principal Place of Business Mailing Address 9435 PINTO DRIVE 9435 PINTO DRIVE LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 The party of the sound of the top to me with the time to proportion of an arm sand the appearance with 01162007 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-1129624 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KAHL, KERRY 9435 PINTO DRIVE IN THIS SPACE LAKE WORTH, FL 33467 STATE OF MINES OF THE PROPERTY 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE KAHL, RÖBERT NAME STREET ADDRESS 9435 PINTO DRIVE CITY-ST-ZIP LAKE WORTH, FL 33647 ĎΜ TITLE KAHL, KERRY NAME The file that the interior and it the STREET ADDRESS 9435 PINTO DRIVE age to be good a supporting the following a best of the first of CITY-ST-ZIP LAKE WORTH, FL 33467 a suppose of a fact that was being TITLE NAME The state of the s STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE STREET ADORESS CITY-ST-ZIP hand the first that the standard of a standard of the standard of the standard of TITLE Company of the property of the second of the NAME STREET ADDRESS Be a second modern of the second seco CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

NAME STREET ADDRESS CITY-ST-ZIP

*4-9-0*7

561-439-3371

FILED

The fire of the contract of the contract of