


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 15, 2005 08:00 AM
Secretary of State

P01000112458 1. Entity Name KALE CRETE CONSTRUCTION, INC.	
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Principal Place of Business 21712 SW PEACH BLOSSOM ST DUNNELLON, FL 34431	Mailing Address 21712 SW PEACH BLOSSOM ST DUNNELLON, FL 34431
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4. FEI Number 01-0551340	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 <input type="checkbox"/>

6. Name and Address of Current Registered Agent KALE, JAMES R 21712 SW PEACH BLOSSOM ST DUNNELLON, FL 34431	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 <input type="checkbox"/>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KALE, JAMES R 21712 SW PEACH BLOSSOM ST DUNNELLON, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST KALE, KRISTA A 21712 SW PEACH BLOSSOM ST DUNNELLON, FL 34431
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04/15/05-80041-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Krista A. Kale</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>9-14-05</u> Date	<u>352-489-0246</u> Daytime Phone #
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