



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000112458	
1. Entity Name KALE CRETE CONSTRUCTION, INC.	

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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DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0551340	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KALE, JAMES R
21712 SW PEACH BLOSSOM ST
DUNNELLON, FL 34431**

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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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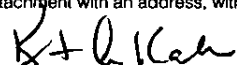
10. OFFICERS AND DIRECTORS

TITLE P	NAME KALE, JAMES R	STREET ADDRESS 21712 SW PEACH BLOSSOM ST	CITY-ST-ZIP DUNNELLON, FL 34431
TITLE VPST	NAME KALE, KRISTA A	STREET ADDRESS 21712 SW PEACH BLOSSOM ST	CITY-ST-ZIP DUNNELLON, FL 34431
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	STREET ADDRESS 	CITY-ST-ZIP

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05/09/07-80015-009 150.00

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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:  **KRISTA A. KALE** 4-20-07 352-489-0246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #