

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90018 024 ***150.00

DOCUMENT # P02000001002

1. Entity Name

KARSTEDT INTERNATIONAL, INC.



Principal Place of Business

21920 PEARL ST.
ALVA, FL 33920 US

Mailing Address

21920 PEARL ST.
ALVA, FL 33920 US

4004400



03272007 Chg-P CR2E034 (12/06)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
80-0006616

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SILBERSTEIN, DAVID M
720 SOUTH ORANGE AVE
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name Karstedt, Nancy C.
Street Address (P.O. Box Number is Not Acceptable)
21920 Pearl Street
City Alva FL Zip Code 33920

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 Nancy C. Karstedt Nancy C. Karstedt Vice President 3/27/07
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 P ☐ Delete
NAME KARSTEDT, BRUCE D
STREET ADDRESS 21920 PEARL ST.
CITY-ST-ZIP ALVA, FL 33920

TITLE VP ☐ Delete
NAME KARSTEDT, NANCY C
STREET ADDRESS 21920 PEARL ST.
CITY-ST-ZIP ALVA, FL 33920

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Bruce D. Karstedt Bruce D. Karstedt 3/27/07 239-728-65

ATTACHMENT

40044227
#P02000001002

Statement of change
of registered agent
mailed on 3/27/07
to Amendments Section
at P.O. Box 6327 with
check for \$35.00.
