

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P03000074502**

1. Entity Name  
**KAIR TEK INTERNATIONAL CORPORATION**



Principal Place of Business

**13-B FARNELL LANE  
PALM COAST, FL 32137**

Mailing Address

**13-B FARNELL LANE  
PALM COAST, FL 32137**

**FILED**  
**Jul 16, 2008 08:00 AM**  
**Secretary of State**



07082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>42-1637419</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**GANZON, ROBERTO Q  
13-B FARNELL LANE  
PALM COAST, FL 32137**

**DO NOT WRITE  
IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GANZON, BERNARD M 13-B FARNELL LANE PALM COAST, FL 32137</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP GANZON, ROBERTO Q 13-B FARNELL LANE PALM COAST, FL 32137</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GANZON, ANNABELLE M 13-B FARNELL LANE PALM COAST, FL 32137</b>
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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07/16/08-80006-018 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Bernard M. Ganzon*  
**BERNARD M. GANZON**

07/16/08

Date

386 447 1881

Daytime Phone #