**2007 FOR PROFIT CORPORATION ANNUAL REPORT** 

## DOCUMENT # P03000077028

1. Entity Name

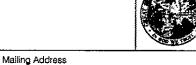
KAS MANAGEMENT, INC.

Principal Place of Business 678 KATEMORE LN NAPLES, FL 34108

NAPLES, FL 34108

SIGNATURE:

**FILED** Jul 13, 2007 08:00 AM **Secretary of State** 



**678 KATEMORE LN** 

NAPLES, FL 34108



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5. Name and Address of Current Registered Agent

CR2E034 (11/05) 07092007 No Chg-P 4. FEI Number Applied For 20-0088389 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

SOBOLEWSKI, EDWARD J 678 KATEMORE LN

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the tions of registered agent.	purpose of changing its registe	ered office or a	egistered agent, or bo	th, in the State of Florida. I am familiar with, and	i accept	
SIGNATURE.	Signature, typed or printed name of registered agent and (til	le il profitable INCIT: Service	stari Anars Genera	a required when reinstating)	DATE	_	
	agence, speece prince interesting and agence agent and in	in opposition in the contraction of the contraction	See Land of Substation	s required white remaining)	DATE		
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000758622 07/13/07-80005-005 550.(	550.00	
10.	OFFICERS AND DIRE	ECTORS					
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D SOBOLEWSKI, EDWARD J 678 KATEMORE LN NAPLES, FL 34108			-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOBOLEWSKI, KAY K 678 KATEMORE LN NAPLES, FL 34108						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby of indicated of the cor	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empowers	filling does not qualify for the e and accurate and that my sign ad to execute this report as rec	xemptions cor ature shall have dired by Chap	ntained in Chapter 119 re the same legal effecter 607, Florida Statute	Florida Statutes. I further certify that the information as if made under oath; that I am an officer or one; and that my name appears in Block 10 or Block;	nation firector ock 11 if	