

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90171 031 ***150.00

DOCUMENT # P03000085229

1. Entity Name

KAREN & JOHN, INC.



Principal Place of Business

9 NORTH OAK STREET
LAKE PLACID FL 33852

Mailing Address

1231 PLACID DRIVE
LAKE PLACID FL 33852

2. Principal Place of Business

9 N. OAK AVE
Suite, Apt. #, etc.

3. Mailing Address

1231 Driscoll Drive
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Lake Placid FL

Zip
33852

Country

City & State

Lake Placid FL

Zip
33852

Country

4. FEI Number

36-4539493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWAINE, HARRIS & SHEEHAN, P.A.
401 DAL HALL BOULEVARD
LAKE PLACID FL 33852

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME RUDOLPH, KAREN
STREET ADDRESS 1231 PLACID DRIVE
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE VP ☐ Delete
NAME CAREY, MIMI J
STREET ADDRESS 5200 DIAMOND DRIVE
CITY-ST-ZIP SEBRING FL 33872

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *KJ Rudolph* *KJ Rudolph*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4-15-05

Date

863 441 2365

Daytime Phone #