

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90102 009 \*\*\*150.00

**DOCUMENT # P03000085225**

1. Entity Name

KAREN & JOHN, INC.



Principal Place of Business  
9 NORTH OAK STREET  
LAKE PLACID FL 33852

Mailing Address  
1231 DRISCOLL DRIVE  
LAKE PLACID FL 33852



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

9 N. OAK AVENUE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

LAKE PLACID

City & State

Zip

33852

Country

HIGHLANDS

Zip

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, 2007 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: VP ☒ Change ☐ Addition  
NAME: MIMI J CAREY  
STREET ADDRESS: 103 SUMNER CT  
CITY - ST - ZIP: HENDERSONVILLE TN 37075

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  
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 Section 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:

*Karen J. Rudolph*

Karen J. Rudolph Pres

Date

4-27-07 863 441-2365

Daytime Phone #