2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P03000101832 1. Entity Name KASCO, INC.						05-02-200	5 90570 048 ***1	50.00
Principal Piec	on Rueinass	Mailing Address	*******		7 100	STORES		m in the contract of
1103 JOHN SIMS PKWY E NICEVILLE, FL 32578		271 CHIPOLA COVE DESTIN, FL 32541						. '
		•				TOURN HILL BEIM BOUR OF		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04192005	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Numbe		1- +··	oplied For
Zip Country		Zip Country		try		of Status Desired	☐ \$8.75 Ad	ditional
C. Normand Address of Court Resident		Pagistared Agent					Fee Require	ed
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New R	legistered Agent	
SINGH, NAHAR				C. ALL CO.D. N. L. ALL				
644 EAST SHIPWRECK RD SANTA ROSA BEACH, FL 32459				Street Address (P.O. Box Number is Not Acceptable)				
0,								•
				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								
Segration system or prince its out regardine against a distinct physicians. (Note: regulated a April of Segration Se								
FILE NOW!!! FEE'S \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11
TITLE	13 0000		tml				☐ Change	☐ Addition
HAME STREET ADDRESS	SINGH, NAHAR 644 WAST SHIPWRECK RD			E Et address				
CITY-ST-ZIP				-ST-ZIP				
TITLE	S Delete TITE				****		☐ Change	Addition
NAME	KAUR, HARJINDER							
STREET ADDRESS CITY-ST-ZIP				ET AODRESS - ST-ZIP				
TITLE	T Delete TIT						☐ Change	☐ Addition
NAME		SAME COLL	NAM				ن مراه	
STREET ADDRESS	KAUR, HARJINDER 644 EAST-SHIPWRECK RD SANTA ROSA BEACH, FL 32459	011/6		ET ADDRESS				
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459		-	-ST-ZIP				
title Name		☐ Deletc	TITLE				☐ Change	Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE		☐ Delete	TITLE	1			☐ Change	☐ Addition
name Street address			NAM STRE	ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				
TITLE	, , , , , , , , , , , , , , , , , , ,	☐ Delete	TITLE	:			Change	☐ Addition
NAME CTREET ADDRESS			MAM					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
48 11 1		n (r.)						

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR