


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000081998**

1. Entity Name  
**RICHARD KAST, P.A.**



Principal Place of Business      Mailing Address

1508 SW 56TH TERRACE      1508 SW 56TH TERRACE  
 CAPE CORAL, FL 33914      CAPE CORAL, FL 33914

**DO NOT WRITE IN THIS SPACE**



04052007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>20-1145137</b>	Applied For Not Applicable
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5. Certificate of Status Desired        **\$8.75** Additional Fee Required

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

HERITAGE TAX & CONSULTING SERVICE  
 11220 METRO PARKWAY  
 SUITE 3  
 FORT MYERS, FL 33912

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D KAST, RICHARD 1508 SW 56TH TERRACE CAPE CORAL, FL 33914
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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 my address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_