


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2005 8:00 am**  
**Secretary of State**

07-08-2005 90022 040 \*\*\*150.00

<b>DOCUMENT # P04000099561</b>					
<b>1. Entity Name</b> RAED S. KASEM, D.D.S., M.S., P.A.					
<b>Principal Place of Business</b> 3540 FLORIAN TERR PALM HARBOR, FL 34685			<b>Mailing Address</b> 3540 FLORIAN TERR PALM HARBOR, FL 34685		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-1205337	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  KASEM, RAED S 3540 FLORIAN TERR PALM HARBOR, FL 34685			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> KASEM, RAED S 3540 FLORIAN TERR PALM HARBOR, FL 34685	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> _____ <b>6/30/05</b> <b>Date</b> _____ <b>Daytime Phone #</b> _____					

**50055230**



06302005 Chg-P CR2E034 (10/03)

**4. FEI Number**  
20-1205337

**Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TITLE**  
NAME  
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**TITLE**  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**TITLE**  
NAME  
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:** \_\_\_\_\_ **6/30/05** **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

# ATTACHMENT

T.S. CHECHELE, P.A.

Attorney at Law

T. Samantha Chechele, Esq.  
5625 Central Avenue  
St. Petersburg, FL 33710

Phone (727) 381-6007  
Facsimile (727) 381-7909

~~#~~ PO 4000099561  
50055230

June 30, 2005

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

**Re: RKL Investments, LLC and Raed S. Kasem, D.D.S., P.A.**

Dear Sir or Madam:

I am writing to convey to you the UBR forms for the above-referenced entities for 2005. Payment in the amount of \$50 and \$150, respectively, is enclosed. We respectfully request that you accept this payment as full satisfaction of the 2005 filing fee, as the officer of these two entities did not receive the original notifications for filing.

Thank you for your assistance and consideration in this matter.

Very truly yours,



T. Samantha Chechele

Enclosures