

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90030 013 \*\*\*150.00

DOCUMENT # P04000105987

1. Entity Name

KATHY'S COLLECTION, INC.



Principal Place of Business

650 S.E. PARADISE POINT ROAD  
PMB 6700  
CRYSTAL RIVER FL 34429

Mailing Address

650 S.E. PARADISE POINT ROAD  
PMB 6700  
CRYSTAL RIVER FL 34429



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

11945 N. MAP PT

3. Mailing Address

11945 N. MAP PT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

DUNNELLON, FL

City & State

DUNNELLON, FL

4. FEI Number 20-1401926

Applied For

Not Applicable

34433

Country

US

34433

Country

US

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

6. Name and Address of Current Registered Agent

ONKALA, KATHY  
11945 N. MAP POINT  
DUNNELLON FL 34433

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 re-registering)

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: PS  
NAME: ONKALA, KATHY  
STREET ADDRESS: 650 S.E. PARADISE POINT ROAD  
CITY - ST - ZIP: CRYSTAL RIVER FL 34429 ☐ Delete

TITLE: VT  
NAME: ROGERS, DANIEL  
STREET ADDRESS: 650 S.E. PARADISE POINT ROAD  
CITY - ST - ZIP: CRYSTAL RIVER FL 34429 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY - ST - ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
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TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY - ST - ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PS ☒ Change ☐ Addition  
NAME: ONKALA, KATHY  
STREET ADDRESS: 11945 N. MAP PT  
CITY - ST - ZIP: DUNNELLON, FL 34433

TITLE: VT ☒ Change ☐ Addition  
NAME: ROGERS, DANIEL  
STREET ADDRESS: 11945 N. MAP PT  
CITY - ST - ZIP: DUNNELLON, FL 34433

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

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

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 or without the empowered.

SIGNATURE:

*Kathy L. Onkala* KATHY L. ONKALA PS 2/28/2007 465-7371 (352)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #