


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90004 020 ***150.00

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # P04000127824 | | | |  | |
| 1. Entity Name GEORGE KAMPER, INC. | | | | | |
| Principal Place of Business 2109 NE 24TH ST. WILTN MANORS, FL 33305 | | | Mailing Address 2109 NE 24TH ST. WILTN MANORS, FL 33305 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 20-1593951 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KAMPER, GEORGE 2665 NE 26TH AVE FT LAUDERDALE, FL 33306 | | | 7. Name and Address of New Registered Agent Name <u>GEORGE KAMPER</u> Street Address (P.O. Box Number is Not Acceptable) <u>2109 NE 24TH ST.</u> City <u>Wilton Manors</u> FL Zip Code <u>33305</u> | | |
| 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 <u><i>George Kamper</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE <u>2/6/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KAMPER, GEORGE 2665 NE 26TH AVE FT LAUDERDALE, FL 33306 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President KAMPER, GEORGE 2109 NE 24TH ST. WILTON MANORS, FL 33305 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 an address, with all other like empowered. | | | | | |
| SIGNATURE: <u><i>George Kamper</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | DATE <u>2/6/06</u> 954 563-7166 <small>Date Daytime Phone #</small> | |

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02062006 Chg-P CR2E034 (11/05)