


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P0400013217 1. Entity Name KARSON GROUP INC.	
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Principal Place of Business 5580 8TH STREET WEST SUITE 6 + 7 LEHIGH ACRES, FL 33971	Mailing Address 5580 8TH STREET WEST SUITE 6 + 7 LEHIGH ACRES, FL 33971
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04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 43-2062640	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent STARLINS, HEYWARD 5580 8TH STREET WEST SUITE 6 + 7 LEHIGH ACRES, FL 33971

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**000000938308
05/27/08-80087-002 158.75**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEANGELIS, JOHN M 6635 WILLOW PARK DR. NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STARLING, HEYWARD B 5580 8TH STREET WEST STE 6+7 LEHIGH ACRES, FL 33971
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DIAMOND, DAVID B 6635 WILLOW PARK DR. NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Heyward
starlings 4/24/08*