# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P04000143150 05-30-2006 90040 011 \*\*\*150.00 1. Entity Name KARP, INC. Principal Place of Business Mailing Address 6466 BRAVA WAY 6466 BRAVA WAY BOCA RATON, FL 33433 BOCA RATON, FL 33433 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05162006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 20-1762907 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHNEIDER, PAUL F Street Address (P.O. Box Number is Not Acceptable) 7860 PETERS ROAD F-110 PLANTATION, FL 33324 City Zip Code FL 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 reinstation) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. $\Box$ Added to Fees Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE ☐ Change ■ Addition KARP, GEORGE NAME NAME STREET ADDRESS STREET ADDRESS 6466 BRAVA WAY CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE BARI-KARP, RITA NAME NAME STREET ADDRESS 6466 BRAVA WAY STREET ADDRESS CITY-ST-7IP BOCA RATON, FL 33433 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TIΠF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eccever 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 attac with an address, with all other like empo **SIGNATURE:**

FILED

May 30, 2006 8:00 am Secretary of State

## **Division of Corporation**

### **Annual Report**

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

**Document Number** 

P04000143150

**Business Entity Name** 

KARP, INC.

FEI Number

201762907

**FEI Number Status** 

Certificate of Status Desired

No

Election Campaign Financing Trust Fund Contribution No

**Principal Place of Business** 

Address

3521 NW CLUBSIDE CIRCLE

Suite, Apt. #, etc.

City, State

BOCA RATON, FL

Zip Code & Country 33496 US

**Mailing Address** 

Address

3521 NW CLUBSIDE CIRCLE

Suite, Apt. #, etc.

City, State

BOCA RATON, FL

Zip Code & Country 33496 US

Name and Address of Registered Agent

Name (Last, First, Middle, Title) SCHNEIDER, PAUL, F

Address

7860 PETERS ROAD

Suite, Apt. #, etc.

F-110

City, State

PLANTATION, FL

Zip Code & Country

33324 US

Registered Agent Signature

Officer/Director Name and Address

Name (Last, First, Middle, Title) KARP, GEORGE

Street Address

3521 NW CLUBSIDE CIRCLE

City, State

BOCA RATON, FL

Zip Code & Country

33496 US

**Division of Corporations** 

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Title

#1904000143150

Name (Last, First, Middle, Title) BARI-KARP, RITA

**Street Address** 

3521 NW CLUBSIDE CIRCLE

City, State

BOCA RATON, FL

Zip Code & Country

33496 US

Title

**PRES** 

Officer/Director Signature GEORGE KARP

Continue

Start Over

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**Annual Report Help** 



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 18, 2006

KARP, INC. 3521 NW CLUBSIDE CIRCLE BOCA RATON, FL 33496 US

SUBJECT: KARP, INC.

Ref. Number: P04000143150

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

TINA D CARTER OPS

Letter Number: 406A00035083

Door Sirs,
The check Fir \$100 was mailed in a
timely manner on 4/28/06. I did not
have the groper from, that I am now
Subm. Hing with the original \$100 check
Thank you very much.
Division of Corporations - P.O. BOX 6327-Tallahassee, Florida 32314