

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 08:00 A
Secretary of State

DOCUMENT # P04000167744

1. Entity Name
KALSI INCORPORATED



Principal Place of Business

310 MOCKINGBIRD RD
DAVENPORT, FL 33896 US

Mailing Address

310 MOCKINGBIRD RD
DAVENPORT, FL 33896 US



07262006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1245523

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DESAI, AL
7087 GRAND NATIONAL DR STE 102
ORLANDO, FL 32819

**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
Due by September 6, 2006**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KALSI, GURMIT S
310 MOCKINGBIRD RD
DAVENPORT, FL 33896

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
VAISH, LILA
310 MOCKINGBIRD RD
DAVENPORT, FL 33896

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KALSI, SEEMA
310 MOCKINGBIRD RD
DAVENPORT, FL 33896

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000573486
08/04/06-800111-009 150.00

**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

07/31/06 407 791 7617
Date Daytime Phone #