

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

05-16-2007 90015013 -- \$150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000168893**

1. Entity Name

Konas Associates, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

679 NW Stanford Lane

3. Mailing Address

29 Brewster Woods Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

Brewster, NY

4. FE Number

74-3136219

Applied For

Not Applicable

Zip

34983-3406

Country

ST. Lucie

Zip

10509

Country

Potnam

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Dale Konas

Address (Do not include P.O. Box or other non-acceptable)

679 NW Stanford LN

City

Port St. Lucie

FL

Zip Code 34983

**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

Dale Konas, president. Dale Konas

4/30/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

**President
Dale Konas
679 NW Stanford LN
Port St. Lucie, FL 34983**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**500106993175
07/31/07--01045--017 **150.00**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Dale Konas, Dale Konas

4/30/07

(888) 699-7422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RECEIVED

JUL 24 2007