

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 04, 2007 08:00 A
Secretary of State

DOCUMENT # P05000086599

1. Entity Name
KALI MANAGEMENT, INC.



Principal Place of Business
4127 LOS PALMAS WAY
SARASOTA, FL 34238

Mailing Address
P.O. BOX 5217
SARASOTA, FL 34277



03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3005574	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ICARD, MERRILL, CULLIS, TIMM, FUREN & GINS
BURG, P.A.
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LEWIS, SUSAN
STREET ADDRESS	P.O. BOX 5217
CITY-ST-ZIP	SARASOTA, FL 34277

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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IN THIS SPACE**

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04/11/07-80051-005 150.00

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 officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4-1-07

Date

✓ 941-364-1320

Daytime Phone #