
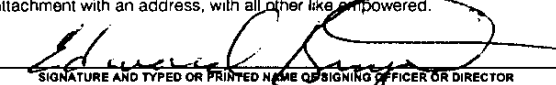
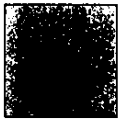


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2006 8:00 am
Secretary of State

08-09-2006 90013 045 ***158.75

DOCUMENT # P05000132573 1. Entity Name KIMSZAL CONTRACTING, INC.					
Principal Place of Business 3243 STONEMAN LOOP LAND O'LAKES, FL 34638 US			Mailing Address 3243 STONEMAN LOOP LAND O'LAKES, FL 34638 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KIMSZAL, EDWARD 3243 STONEMAN LOOP LAND O'LAKES, FL 34638				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIMSZAL, EDWARD		NAME		
STREET ADDRESS	3243 STONEMAN LOOP		STREET ADDRESS		
CITY-ST-ZIP	LAND O'LAKES, FL 34638		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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:  Aug. 7. 06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



H&R BLOCK
tax & business services

ATTACHMENT
2005 2056

August 7 2006

Division of Corporations
P O Box 1500
Tallahassee, Fl 32302-1500

Re: KIMSZAL CONTRACTING, INC
Document # P05000132573

To Whom It May Concern:

Enclosed, you will find the 2006 For Profit Corporation Annual Report and a check in the amount \$158.75 to cover the filing fee and the Certificate of Status.

Please forgive the penalty for this company. He did not receive the notice to file and pay with the state to continue his for Profit Corporation.

Thank you for taking care of this matter, and please contact us with any additional questions or comments. I can be reached at 813-948-2256, send a fax to 813-948-2257 and our address is as follows:

H & R Block Tax & Business Services
2440 Land O Lakes Blvd
Land O Lakes, Fl 34639

Sincerely,

Cecilia Miller

Enclosure(s) 2