

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90033 030 ***150.00

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 - No P.O. Box #
3435 CHESSINGTON DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142007 Chg-P CR2E034 (12/06)

City & State
LAND O LAKES, FL

City & State

4. FEI Number
20-3450022

Applied For
Not Applicable

Zip
34638

Country
USA

Zip

Country

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

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)

3435 CHESSINGTON DR.

City

LAND O LAKES

FL

Zip Code

34638

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
KIMSZAL, EDWARD
3243 STONEMAN LOOP
LAND O'LAKES, FL 34638**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
KIMSZAL, EDWARD
3435 CHESSINGTON DR.
LAND O LAKES, FL 34638**

☒ Change ☐ Addition

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☐ Change ☐ Addition

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:

Edward Kimszal

EDWARD KIMSZAL

14 MAR 07

813-508-8244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #