

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000009764

1. Entity Name  
CAROLE O. KISSEL ENTERPRISES CORP.



Principal Place of Business  
20320 FAIRWAY OAKS DRIVE  
BOCA RATON, FL 33434

Mailing Address  
20320 FAIRWAY OAKS DRIVE  
BOCA RATON, FL 33434

**FILED**  
**Mar 19, 2008 08:00 AM**  
**Secretary of State**



03112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4361480

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KISSEL, CROLE O  
20320 FAIRWAY OAKS DRIVE  
BOCA RATON, FL 33434

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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  
D  
KISSEL, CAROLE O  
20320 FAIRWAY OAKS DRIVE  
BOCA RATON, FL 33434

TITLE  
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04/03/08-P0091-003 150.00

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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: *Carole O. Kissel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*x3/15/08*  
Date Daytime Phone #