

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90032 012 ***158.75

DOCUMENT # P06000034524					
1. Entity Name "KK ALL AROUND" REMODELING, INC.					
Principal Place of Business 732 EAST MACK BAYOU ROAD, UNIT # 1 SANTA ROSA BEACH, FL 32459			Mailing Address 732 EAST MACK BAYOU ROAD, UNIT # 1 SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business - No P.O. Box # 439 SANDY CAY DR.			3. Mailing Address P.O. Box 6907		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIRAMAR BEACH FL			City & State MIRAMAR BEACH FL		
Zip 32550		Country USA		Zip 32550	
Country USA		4. FEI Number 161753118			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent KALINA, KRZYSZTOF Z 732 EAST MACK BAYOU ROAD, UNIT # 1 SANTA ROSA BEACH, FL 32459			7. Name and Address of New Registered Agent Name KALINA KRZYSZTOF Z Street Address (P.O. Box Number is Not Acceptable) 439 SANDY CAY DR. City MIRAMAR BEACH FL Zip Code 32550		
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 <u>K. Koz</u> 01/09/2007 <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 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 KALINA, KRZYSZTOF Z 732 EAST MACK BAYOU ROAD, UNIT # 1 SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O WISNIEWSKI, ADAM 200 SANDESIN LANE, APT. 815 DESTIN, FL 32550	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O KOSIAK, KAROL 97 RED MAPLE COURT SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>K. Koz</u> <u>KRZYSZTOF KALINA</u> 01/09/2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					