


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 14, 2008 08:00 AM
Secretary of State**

DOCUMENT # P06000113560 1. Entity Name KASALL ENTERPRISE, INC	
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Principal Place of Business 19616 VILLA ROSA LOOP FT MYERS, FL 33967 US	Mailing Address 19616 VILLA ROSA LOOP FT MYERS, FL 33967 US
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DO NOT WRITE IN THIS SPACE



04042008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5474401	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

KREUSCHER, KARL
19616 VILLA ROSA LOOP
FT MYERS, FL 33967

**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

U00000894100
04/21/08-80014-016 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KREUSCHER, KARL 19616 VILLA ROSA LOOP FT MYERS, FL 33967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S KREUSCHER, SALLY 19616 VILLA ROSA LOOP FT MYERS, FL 33967
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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:  4/9/08 238-398-1323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #