

# **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000144968

Entity Name: KALLAS AND RORDAM, INC.

**FILED**  
**Apr 24, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

10638 HATTERAS DRIVE  
TAMPA, FL 33615 US

**New Principal Place of Business:**

**Current Mailing Address:**

10638 HATTERAS DRIVE  
TAMPA, FL 33615 US

**New Mailing Address:**

FEI Number: 20-5947492

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RORDAM, DARREN  
10638 HATTERAS DRIVE  
TAMPA, FL 33615 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RORDAM, DARREN  
Address: 10638 HATTERAS DRIVE  
City-St-Zip: TAMPA, FL 33615 US

Title: D ( ) Delete  
Name: KALLAS, JEFF  
Address: 5145 DIXON DRIVE  
City-St-Zip: HILLIARD, OH 43026 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARREN RORDAM

DIR

04/24/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date