


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90003 050 ***150.00

DOCUMENT # P06000149923 1. Entity Name KALIKA, INC.	
---	---

40032010



02122008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 1241 Gulf of Mexico Dr		3. Mailing Address 9909 South Shore Dr	
Suite, Apt. #, etc. Suite 703		Suite, Apt. #, etc. #160	
City & State Longboat Key, FL		City & State Plymouth, MN	
Zip 34228	Country	Zip 55441	Country

4. FEI Number 41-1436509	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent LAVIN, JEROME V 1241 GILF OF MEXICO DRIVE SUITE 703 LONG BOAT KEY, FL 34228		7. Name and Address of Now Registered Agent Name Lavin, Jerome V Street Address (P.O. Box Number is Not Acceptable) 1241 Gulf of Mexico Dr # 703 City Longboat Key FL Zip Code 34228	
---	--	---	--

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, 2008 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	D LAVIN, JEROME V 2425 GULF OF MEXICO DRIVE, SUITE 12A LONG BOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lavin, Jerome V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1241 Gulf of Mexico Dr # 703 Longboat Key, FL 34228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MORRIS, SHERMAN 150 S. FIFTH ST. # 2300 MINNEAPOLIS, MN 55402 <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	AS MAXWELL, DARLENE 9909 S. SHARE DR. #160 PLYMOUTH, MN 55441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Maxwell, Darlene <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9909 South Shore Dr #160 Plymouth, MN 55441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KEENE, JOAN 9909 S. SHARE DR. #160 PLYMOUTH, MN 55441 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Keene, Joan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9909 South Shore Dr #160 Plymouth, MN 55441
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
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/08

Date

763-557-8888

Daytime Phone #