


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90047 040 ***150.00

DOCUMENT # P07000041687	
1. Entity Name KABLER ENTERPRISES, INC.	

Principal Place of Business 21531 VILLAGE LAKES SHOPPING CENTER DR LAND O' LAKES, FL 34639	Mailing Address 21531 VILLAGE LAKES SHOPPING CENTER DR LAND O' LAKES, FL 34639
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40052061



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03122008 Chg-P CR2E034 (12/06)

4. FEI Number 11-3809691	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KABLER, ERIC J 27431 STATE ROAD 54 ZEPHYRHILLS, FL 33543		Name Street Address (P.O. Box Number is Not Acceptable) 21531 Village Lakes Shp Ctr Dr City Land O Lakes FL Zip Code 34639	

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: *Phyllis M. Kabler* President 1-3-24-08
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 P	<input type="checkbox"/> Delete	TITLE Kabler, Eric J VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KABLER, ERIC J		NAME Kabler, Eric J	
STREET ADDRESS 27431 STATE ROAD 54		STREET ADDRESS 21531 Village Lakes Shp Ctr Dr	
CITY-ST-ZIP ZEPHYRHILLS, FL 33543		CITY-ST-ZIP Land O Lakes FL 34639	
TITLE VP	<input type="checkbox"/> Delete	TITLE Kabler, Phyllis P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KABLER, PHYLLIS		NAME Kabler, Phyllis	
STREET ADDRESS 27431 STATE ROAD 54		STREET ADDRESS 21531 Village Lakes Shp Ctr Dr	
CITY-ST-ZIP ZEPHYRHILLS, FL 33543		CITY-ST-ZIP Land O Lakes FL 34639	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Phyllis M. Kabler* 1-3-24-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #