2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2008 8:00 am Secretary of State

DOCUMENT # P07000063257 1. Entity Name KSF PRODUCTS INC.					:	02-21-2008	90024 ()40 ***15	50.00	
Principal Place of Business 10713 70TH AVENUE NO SEMINOLE, FL 33772			Mailing Address 10713 70TH AVENUE NO SEMINOLE, FL 33772							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062008	Chg-P	CR2E0	34 (12/06)			
City & State		City & State			4. FEI Numbe	26-026	5118	Ap No	plied For at Applicable	
Zip	Zip Country		Zip Country		ntry		of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
	-1011				Name				_	
SCHRAMEK, JOHN M 10713 70TH AVENUE NO SEMINOLE, FL 33772					Street Address (P.O. Box Number is Not Acceptable)					
	•				City	,		FL	Zip Code	e
The above named entity submits this statement for the purpose of changing its registere					ed office or registe	red agent, or bot	h. in the State of Flo		amiliar with.	and accept
	tions of regis			g					,	
SIGNATURE	Signature, types	t or printed name of registered ager	nt and title if applicable. (I	NOTE: Flegistere	ed Agent signature require	od when reinstating)	•	DATE		
FIL After M	E NOW!!! ay 1, 200	FEE IS \$150.00 8 Fee will be \$550	9. Election Carr Trust Fund C			5.00 May Be ded to Fees	,			-
FIL After M	E NOW!!! ay 1, 200	FEE IS \$150.00 8 Fee will be \$550 OFFICERS ANI	.00 Trust Fund C		☐ Ådk	ded to Fees	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11
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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:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #