

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000131694

Entity Name: KELSEN FORTI, INC

FILED  
Sep 03, 2008  
Secretary of State

## Current Principal Place of Business:

5101 NW 70TH AVENUE  
OCALA, FL 34482

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 771569  
OCALA, FL 34477

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MASI, CARY  
5101 NW 70TH AVENUE  
OCALA, FL 34482 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MASI, CARY  
Address: 5101 NW 70TH AVENUE  
City-St-Zip: OCALA, FL 34482

Title: S ( ) Delete  
Name: ARENT, MILDRED  
Address: 5101 NW HWY 225A  
City-St-Zip: OCALA, FL 34482

## 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: CARY MASI

P

09/03/2008

Electronic Signature of Signing Officer or Director

Date