

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000110487

Entity Name: PAL KAL ASSOCIATES, INC.

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

300 WW STATE ROAD 434  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

**Current Mailing Address:**

4955 SHORELINE CIRCLE  
SANFORD, FL 32771 US

**New Mailing Address:**

FEI Number: 26-3939154

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMAS, RICHARD E  
4955 SHORELINE CIRCLE  
SANFORD, FL 32771 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: P, S  
Name: THOMAS, RICHARD E  
Address: 4955 SHORELINE CIRCLE  
City-St-Zip: SANFORD, FL 32771 US

Title: VP  
Name: THOMAS, PATRICIA L  
Address: 4955 SHORELINE CIRCLE  
City-St-Zip: SANFORD, FL 32771 US

Title: T  
Name: ROSA, SALVATORE  
Address: 10032 HIDDEN DUNES LANE  
City-St-Zip: ORLANDO, FL 32832 US

I hereby 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 all other like empowered.

SIGNATURE: RICHARD THOMAS

PRES

02/23/2010

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

\_\_\_\_\_  
Date