

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90308 043 ***150.00



DOCUMENT # P94000004205
 1. Entity Name
K.H.ENGDAHL & ASSOCIATES INC.

Principal Place of Business: **3590-H MAGNOLIA RIDGE CIRCLE, PALM HARBOR FL 34684, US**
 Mailing Address: **3590-H MAGNOLIA RIDGE CIRCLE, PALM HARBOR FL 34684, US**



1st MOORE CR2E034 (10/05)

2. Principal Place of Business: **39650 U.S. HWY. 19 N, Suite. Apt. #, etc. # 655**
 3. Mailing Address: **39650 U.S. HWY. 19 N, Suite. Apt. #, etc. # 655**

City & State: **TARPON SPRINGS, FL.**
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Zip: **34689** Country: **USA**
 Zip: **34689** Country: **USA**

4. FEI Number: **59-3221123** Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ENGDAHL, KENNETH H
3590-H MAGNOLIA RIDGE CIRCLE
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): **39650 U.S. HWY. 19 N # 655**
 City: **TARPON SPRINGS** FL Zip Code: **34689**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D	<input type="checkbox"/> Delete
NAME: ENGDAHL, KENNETH H	
STREET ADDRESS: 3590-H MAGNOLIA RIDGE CIRCLE	
CITY-ST-ZIP: PALM HARBOR FL 34684	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: 39650 U.S. HWY. 19 N # 655	
CITY-ST-ZIP: TARPON SPRINGS, FL. 34689	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Kenneth H Engdahl **KENNETH H. ENGDAHL** **4/3/06** (727) 943-7136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #