

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90042 033 ***150.00

DOCUMENT # P94000070279

1. Entity Name

M. KAREL ENTERPRISE, INC.



Principal Place of Business

4023 MAURICE DR.
DELRAY FL 33445
US

Mailing Address

4023 MAURICE DR.
DELRAY FL 33445
US

2. Principal Place of Business

110 DOLPHIN Drive
Suite, Apt. #, etc.

3. Mailing Address

110 DOLPHIN Drive
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Ocean Ridge FL
33435 US

City & State

Ocean Ridge FL
33435 US

4. FEI Number

65-0524031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ZIEGENFUSS, MARY
4023 MAURICE DR.
DELRAY FL 33445

7. Name and Address of New Registered Agent

Name
Mary Ziegenfuss
Street Address (P.O. Box Number is Not Acceptable)
110 Dolphin Drive
City
Ocean Ridge FL Zip Code
33435

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

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, 2005 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	P	<input type="checkbox"/> Delete
NAME	ZIEGENFUSS, MARY	
STREET ADDRESS	4023 MAURICE DR	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	V	<input type="checkbox"/> Delete
NAME	ZIEGENFUSS JR., ROBERT	
STREET ADDRESS	4023 MAURICE DR	
CITY-ST-ZIP	DELRAY FL 33445	
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	Ziegenfuss, Mary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	110 DOLPHIN Drive	
STREET ADDRESS	Ocean Ridge FL 33435	
CITY-ST-ZIP		
TITLE	Ziegenfuss, Robert	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	110 DOLPHIN Drive	
STREET ADDRESS	Ocean Ridge FL 33435	
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		
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-05 561-274-8680