

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90098 029 ***150.00

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1. Entity Name
KAMWOOD, INCORPORATED



Principal Place of Business
1120 PINELLAS BAYWAY
TIERRA VERDE, FL 33715 US

Mailing Address
1120 PINELLAS BAYWAY
TIERRA VERDE, FL 33715 US

50010996



2. Principal Place of Business

3. Mailing Address

5301 Gulf Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit # C202

City & State

City & State

St. Pete Beach

Zip

Country

Zip

33706

Country

Pinellas

04102006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3271158

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, FISHER
1120 PINELLAS BAYWAY
SAINT PETERSBURG, FL 33715

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME KAMLADE, HANS
STREET ADDRESS 13037 GULF BOULEVARD
CITY-ST-ZIP MADEIRA BEACH, FL 33708 ☐ Delete

TITLE P
NAME FISCHER, MARLIES
STREET ADDRESS 711 64TH AVENUE
CITY-ST-ZIP SAINT PETERSBURG, FL 33706 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

HANS KAMLADE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727/
April 10, 06 / 48-4590