

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000001754

1. Entity Name
MICHAEL KAESTNER ENTERPRISES, INC.



Principal Place of Business
**5363 PALMETTO STREET
FT MYERS, FL 33931**

Mailing Address
**5363 PALMETTO STREET
FT MYERS, FL 33931**

DO NOT WRITE IN THIS SPACE



02172006 No Chg-P CR2E034 (11/06)

4. FEI Number
65-0549598

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KAESTNER, MICHAEL
5363 PALMETTO STREET
FT. MYERS BEACH, FL 33931**

**DO NOT WRITE
IN THIS SPACE**

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 (TYPE OR PRINTING NAME OF REGISTERED AGENT AND NEW ADDRESS)

(IF THE REGISTERED AGENT SIGNATURE IS NOT THE SAME AS ABOVE)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KAESTNER, MICHAEL
5363 PALMETTO STREET
FORT MYERS BEACH, FL 33931**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000522118
05/03/06-80019-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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

FILE

Daytime Phone #