

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2005 08:00**  
**Secretary of Stat**

**DOCUMENT # P96000012592**



1. Entity Name  
**KALAMAZOO ALLIANCE, INC.**

Principal Place of Business  
**12101 N NEBRASKA AVE STE B  
 TAMPA, FL 33612**

Mailing Address  
**12101 N NEBRASKA AVE STE B  
 TAMPA, FL 33612**



03062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3362048</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ASHLEY, KENNETH  
 12101 N. NEBRASKA, STE B  
 TAMPA, FL 33612**

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	PTS
NAME	ASHLEY, KENNETH
STREET ADDRESS	12101 N NEBRASKA AVE STE B
CITY-ST-ZIP	TAMPA, FL 33612

U00000260523  
 03/12/05-80027-017 150.00

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 IN THIS SPACE**

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 # \_\_\_\_\_