

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000026900 1. Entity Name KAL TRANSCRIPTION SERVICES, INC.					
Principal Place of Business 9786 N.W. 41ST ST. SUNRISE, FL 33351			Mailing Address 9786 N.W. 41ST ST. SUNRISE, FL 33351		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0649664	
5. Certificate of Status Desired ☒				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GAYNES, DAVID M ESQ 2736 MISTY OAK CIRCLE ROYAL PALM BEACH, FL 33411				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CROSBY, PAMELA 9786 N.W. 41ST ST. SUNRISE, FL 33351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000255161 03/07/05-80102-011 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROSBY, DAVID L. 9786 N.W. 41ST ST. SUNRISE, FL 33351		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		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 exemption stated in Section 119.07(3)(f), 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: <i>Pamela Crosby</i> PAMELA CROSBY			Date: 2/5/05 Daytime Phone #: (561) 792-1650		