

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P96000044693	
1. Entity Name KMAN INVESTMENTS (FLORIDA), INC.	



FILED  
07 APR 30 AM 10:04  
TALLAHASSEE, FLORIDA

Principal Place of Business 54 HILL STREET KINGSTON, ON K7 XX	Mailing Address C/O 25 IMPERIAL ST, SUITE 500 TORONTO ONTARIO CANADA M5P 1B9, XX
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2. Principal Place of Business - No P.O. Box # 25 IMPERIAL STREET	3. Mailing Address Suite, Apt. #, etc. SUITE 500
City & State TORONTO ONTARIO	City & State
Zip M5P 1B9	Country CANADA

04122007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent THE MARSTEL CORPORATION 2615 S UNIVERSITY DR DAVIE, FL 33328	
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7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANLEY, KATHERINE '54 HILL STREET KINGSTON, ONTARIO K7L 2M5, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MANLEY, PAUL '54 HILL STREET KINGSTON, ONTARIO K7L 2M5, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAURIE, FRANK 25 IMPERIAL ST, STE 500 TORONTO, ONTARIO, CANADA, CA m5p 189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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: \_\_\_\_\_ DATE: APR 11 2007 DAYTIME PHONE: (46) 483 8018