## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

2007 FOR PROFIT CORPORATION ANNUAL REPORT					FILED Aug 31, 2007 8:00 am Secretary of State			
DOCUMENT # P97000018561					}			
1. Entity Nam KONKAN						08-31-2007 9	0003 017 ***550.	.00
8552 BAY M	e of Business IEADOWS RD LE, FL 32256 US	Mailing Address P.O. BOX 465 EMIGSVILLE, PA 17318					# <b>45</b> 04 1100 COM BARD SUBFACE	
2. Principal F Suite, Apt.	Place of Business - No P.O Box #	3. Mailing Address 9838 Old Bay	9838 Old Baymeadows Rd Suite, Apr. #, etc.					
City & Stat		PMB 360 City & State			08042007	Chg-P	CR2E034 (12/06)	oplied For
		JACKSONVILL	JACKSONVILLE, FL		58-230			ot Applicable
Zip	Country	<sup>Zip</sup> 32256	Country			e of Status Desired	\$8.75 Add	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								
KRIEGER, KRISMAN 550 LAKE RD. PONTE VEDRA BEACH, FL 32082			Street A			PLAN er is Not Acceptable	)	
PONTE VEDRA BEACH, FL 32002				204 Duckwood Lane				
8. The above named entity submy his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept								82 and accept
the obligations of registered #ter.								
SIGNATURE  Signature, liberal in printer historie of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  OATE								<u>.                                    </u>
FILE NOW!!! FEE IS \$550.00  Due by September 14, 2007  9. Election Campaign Financing Trust Fund Contribution					00 May Be ed to Fees			
10. TITLE	OFFICERS AND	DIRECTORS Delete	11. 101 F	I	ADDITIONS.	/CHANGES TO OFFI	CERS AND DIRECTOR	
NAME Street Address City-St-Z)P	KRIEGER, KRISMAN L.J. 550 LAKE ROAD PONTE VEDRA BEACH, FL 320	_	NAME STREET ADDRESS CITY-ST-ZIP	Kapi	ian, Lee I Duckw e Vedra	icod lane iFi 32082	₩ ensige	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRIEGER, KURT J 2355 SPRINGWOOD ROAD EMIGSVILLE, PA 17402	☐ Delete	NAME STREET AUDRESS				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LINIGOVILLE, FA 17402	☐ Delete	CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				Change	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZP		☐ Delete	THE NAME STREET ADDRESS CITY-ST-ZIP	-			☐ Change	coitibbA 🔲
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 exemptions contained in Chapter 119, Florida Statutes I further certify that the information indicated on this report or supplement all report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation or the receiver or fusite 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:    Company   Company								