

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000020352

1. Entity Name
KADAK, INC.



Principal Place of Business
2910 ASTON AVENUE
PLANT CITY, FL 33567

Mailing Address
2910 ASTON AVENUE
PLANT CITY, FL 33567



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3435009

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ARMAGOST, DONALD J
2910 ASTON AVE
PLANT CITY, FL 33566

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

000000384440
01/17/06-80012-005 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PATTERSON, TIMOTHY J
STREET ADDRESS	C/O 2910 ASTON AVE
CITY-ST-ZIP	PLANT CITY, FL 33567

TITLE	D
NAME	ARMAGOST, DONALD
STREET ADDRESS	C/O 2910 ASTON AVE
CITY-ST-ZIP	PLANT CITY, FL 33567

TITLE	D
NAME	REED, BRECK
STREET ADDRESS	C/O 2910 ASTON AVE
CITY-ST-ZIP	PLANT CITY, FL 33567

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-06 813-716-0990