

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000021335

1. Entity Name  
KILIAN MANAGEMENT INCORPORATED



Principal Place of Business  
3744 SOUTHEAST FAIRWAY EAST  
STUART, FL 34997 US

Mailing Address  
3744 SOUTHEAST FAIRWAY EAST  
STUART, FL 34997 US

**FILED**  
**Sep 11, 2008 08:00 AM**  
**Secretary of State**



07222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
52-2033838

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

KILIAN, FRANK J  
3744 SOUTHEAST FAIRWAY EAST  
STUART, FL 34997

**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 \$550.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME KILIAN, FRANK J  
STREET ADDRESS 3744 SOUTHEAST FAIRWAY EAST  
CITY-ST-ZIP STUART, FL 34997

TITLE VD  
NAME KILIAN, DEBBIE B  
STREET ADDRESS 3744 SOUTHEAST FAIRWAY EAST  
CITY-ST-ZIP STUART, FL 34997

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000959459  
09/11/08-80001-010 550.00

**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:**

*Frank J Kilian*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-08  
Date

772-221-8209  
Daytime Phone