

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000030983

1. Entity Name
KAGO CORP.



Principal Place of Business
2404 SW 51ST STREET
CAPE CORAL, FL 33914 US

Mailing Address
2404 SW 51ST STREET
CAPE CORAL, FL 33914 US



01062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0745079	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

EDWARDS, NANCY
224 SE 14TH TERRACE
CAPE CORAL, FL 33990

**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 reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

000000802696
02/04/08-80009-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	GOEBEL, KARL-GEORG
STREET ADDRESS	2404 SW 51ST ST.
CITY-ST-ZIP	CAPE CORAL, FL 33914

TITLE	DV
NAME	GOEBEL, CHRISTIANE
STREET ADDRESS	2404 SW 51ST ST.
CITY-ST-ZIP	CAPE CORAL, FL 33914

TITLE	AVP
NAME	EDWARDS, NANCY
STREET ADDRESS	224 SE 14TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL 33990

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Nancy Edwards* **NANCY EDWARDS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/08 *239-458-4560*