

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90430 003 ***150.00

DOCUMENT # P97000048976

1. Entity Name
KANICO, INC.



Principal Place of Business
**11610 BRANCH MOORING DR
TAMPA, FL 33635**

Mailing Address
**11 SAN MARCO ST
602
CLEARWATER, FL 33767**

50018324



2. Principal Place of Business
**10 Papaya St
Suite, Apt. #, etc.
502**

3. Mailing Address
**10 Papaya St.
Suite, Apt. #, etc.
502**

04262006 Chg-P CR2E034 (11/05)

City & State
Clearwater FL
Zip
33767 Country
US

City & State
Clearwater FL
Zip
33767 Country
US

4. FEI Number
59-3454019 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HORVATH, KLARA
11 SAN MARCO ST
602
CLEARWATER, FL 33767**

7. Name and Address of New Registered Agent

Name
Horvath, Klara
Street Address (P.O. Box Number is Not Acceptable)
10 Papaya St. #502
City
Clearwater FL Zip Code
33767

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 contacting)

DATE

4.28.06

**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**

10. OFFICERS AND DIRECTORS

TITLE
P ☐ Delete
NAME
HORVATH, KLARA
STREET ADDRESS
11 SAN MARCO ST # 602
CITY-ST-ZIP
CLEARWATER, FL 33767

TITLE
NAME ☐ Delete
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
P ☒ Change ☐ Addition
NAME
Horvath, Klara
STREET ADDRESS
10 Papaya St. #502
CITY-ST-ZIP
Clearwater FL 33767

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP

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

Klara Horvath

Date

Debit Phone #

4.28.06 727-449-1005