

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90062 021 ***150.00

DOCUMENT # P98000038406

1. Entity Name
KANALFLAKT, INC.



Principal Place of Business
**1712 NORTHGATE BOULEVARD
SARASOTA, FL 34234**

Mailing Address
**1712 NORTHGATE BOULEVARD
SARASOTA, FL 34234**

24033280



01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0836834	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**LAMBRECHT, WILLIAM G ESQ
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236**

**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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WETTERGREN, OLA 1712 NORTHGATE BLVD SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVS THOMPSON, GLENN 1712 NORTHGATE BLVD SARASOTA, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOMSTER, RAINER 1712 NORTHGATE BLVD SARASOTA, FL 34234
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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 exemption stated in Section 119.07(3)(i), 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

3/25/04

Date

941-309-6062

Daytime Phone #