


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90078 009 \*\*\*150.00

<b>DOCUMENT # P98000062512</b>	
1. Entity Name <b>KIM KELLAR ANTIQUES, INC.</b>	

Principal Place of Business <b>264 CODRINGTON DR. PLAZA 3000 FORT LAUDERDALE FL 33308</b>	Mailing Address <b>264 CODRINGTON DR. LAUDERDALE BY SEA FL 33308</b>
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2. Principal Place of Business <b>4420 N.E. 20 Ave</b>	3. Mailing Address <b>Same</b>
Suite, Apt. #, etc. <b>B</b>	Suite, Apt. #, etc.
City & State <b>Ft. Laud., FL</b>	City & State
Zip <b>33308</b>	Country <b>U.S.A.</b>

1st MOORE CR2E034 (10/05)

4. FEI Number <b>65-0869043</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>KELLAR, KIM 264 CORINGTON DR LAUDERDALE BY THE SEA FL 33308</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 *Kim Kellar* (NOTE: Registered Agent signature required when reinstating) DATE 1/29/06

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLAR, KIM 264 CODRINGTON DR. FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLAR, JOHN 264 CODRINGTON DR. LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Kim Kellar* DATE 1/29/06 DAYTIME PHONE # 954-560-1933