

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000080564**

1. Entity Name

S.O.S. SECRETARIAL INC.



Principal Place of Business  
360 WILSHIRE BLVD.  
STE # 105  
CASSELBERRY FL 32707  
US

Mailing Address  
360 WILSHIRE BLVD.  
STE # 105  
CASSELBERRY FL 32707  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number **59-3483860**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KASTER, LORRAINE C  
360 WILSHIRE BLVD  
STE 105  
CASSELBERRY FL 32707

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KASTER, LORRAINE C	
STREET ADDRESS	360 WILSHIRE BLVD STE 105	
CITY- ST- ZIP	CASSELBERRY FL 32707	
TITLE	V	<input type="checkbox"/> Delete
NAME	KASTER, CHRISTINE L	
STREET ADDRESS	360 WILSHIRE BLVD STE 105	
CITY- ST- ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
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CITY- ST- ZIP		

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CITY- ST- ZIP		

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04/07/05-80010-025 150.00

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:

*Lorraine C Kaster, Pres*

*3/24/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #