2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # <b>\$07902</b> 1. Entity Name							May 02, 2005 08:00 AM Secretary of State					
KAL, INC								Secretary	01 5	iaie		
Principal Place of Business				Mailing Address								
2233 COVENTRY DR. WINTER PARK FL 32792			2233 COVENTRY DR. WINTER PARK FL 32792						<b>W</b> TM11 <b>M</b> 1M11 <b>W</b> 1W17	B-B77 B1B11 B(B1	ani ii iwai	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				1s	t MOORE CF	12E034 (1	0/04)		
City & State			City & State			4. FEI Numb	er 65-0229792	-	4.	plied For t Applicable		
Zip	Country		Zip		Country		5. Certificate	e of Status Desired		3.75 Add	itional	
	6, Name	and Address of Current F	Register	ed Agent		Nama	7. Name and	d Address of New Regi				
LOWE, KEITH A. 2233 COVENTRY DR. WINTER PARK FL 32792						Name	(D.O. Davidson	auta blas A a austa (ta)				
						Street Address	(P.O. Box Nume	per is Not Acceptable)				
						City			FL	Zip Code	•	
8. The above	named entity	submits this statement for	the purp	ose of changing its	register	d office or registe	red agent, or bo	oth, In the State of Florid	1	niliar with,	and accept	
the obligat	tions of registe	red agent.										
SIGNATURE.	Signature, typed o	a printed name of registered agent a	ind title if app	olicable (NOT	Registere	d'Agent signature require	d when re-instating)		DATE	<del></del>	<del></del>	
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of S								9. Election Campaigr Trust Fund Contrib			00 May Be d to Fees	
10,		OFFICERS AND I	DIRECTO		11.		ADDITIONS	I /CHANGES TO OFFICE				
TITLE NAME	DP LOWE, HAI	RRY E.		☐ Delete	FITE NAM	}		U00000353 05/03/05-800	14∠b =	Change	Addition	
STREET ADDRESS CITY-ST-ZIP		BLUE DRIVE DID FL 33852				ET ADDRESS -ST-ZIP		03/03/03-600	104-023	150.	JU	
TITLE	v	<del></del>		☐ Delete	HILL			· — · · · · · · · · · · · · · · · · · ·	· E	Change	Addition	
name Street address	LOWE, KEI 2233 COVE				NAM STRE	ET ADDRESS						
CITY-ST-ZIP	WINTER PA	ARK FL 32792		☐ Dalete	CITY	-ST-ZIP			· · · · · · -	7 Change	rollibhA 🗀	
NAME				LI Datete	NAM	f			L	_ Cuange		
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP						
TITLE NAME				☐ Delete	TITLE	1				Change	Addition	
STREET ADDRESS CHY-ST-ZIP					STPE	EFFADDRESS -ST-ZIP					•	
TITLE		VIII.		☐ Delete	TITLE	1				Change	Addition	
NAME STREET ADDRESS					NAM STRE	E ADDRESS						
City - ST - ZiP					<b></b>	-SI-ZIP			_	7.00		
TITLE. NAME				☐ Delete	NAM	1			L	Change	☐ Addition	
STREET ADDRESS City-St-Zip						ET ADDRESS - Sî - ZIP						
12. I hereby of indicated of the core	certify that the f on this report reporation or the	information supplied with t or supplemental report is e receiver or trustee empo chment with an address, w	this filing true and	does not qualify for accurate and that resecute this report	= r the exe ny signa as requi	mption stated in So ture shall have the red by Chapter 60	ection 119.07(3) same legal effe 7. Florida Statut	(i), Florida Statutes. I ful ot as if made under oati es, and that my name a	ther certify that I am opears in B	that the in an officer lock 10 or	formation or director Block 11 if	
		chment with an address,	oth all of	Ilve empowered		,,	4-	08-06				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR COLOR DESCRIPTION & DE												

**FILED**