

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # S42355

1. Entity Name
R. J. KALKA, INC.



Principal Place of Business
5431 JACKSON RD
FT MYERS, FL 33905 US

Mailing Address
5431 JACKSON RD
FT. MYERS, FL 33905 US



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0255804

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KALKA, ROGER J
5431 JACKSON ROAD
FORT MYERS, FL 33905

**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, 2008 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
NAME	KALKA, ROGER J
STREET ADDRESS	5431 JACKSON ROAD
CITY-ST-ZIP	FORT MYERS, FL
TITLE	RA
NAME	KALKA, ROGER J
STREET ADDRESS	5431 JACKSON ROAD
CITY-ST-ZIP	FORT MYERS, FL
TITLE	VP
NAME	KALKA, ROGER J
STREET ADDRESS	5431 JACKSON RD.
CITY-ST-ZIP	FT MYERS, FL 33905
TITLE	S
NAME	KALKA, ROGER J
STREET ADDRESS	5431 JACKSON RD.
CITY-ST-ZIP	FT. MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/08-80028-024 150.00

**DO NOT WRITE
IN THIS SPACE**

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

1-22-08

Date

694-9727

Daytime Phone #