

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # V01895

1. Entity Name
KOTIMAKI ENTERPRISES, INC.



Principal Place of Business
37700 US HWY 19TH NORTH
PALM HARBOR, FL 34684 US

Mailing Address
37700 US HWY 19TH NORTH
PALM HARBOR, FL 34684 US



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3100856 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KOTIMAKI, BARBARA J
6911 RIDGE TOP DR
NEW PORT RICHEY, FL 34655

**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

Barbara J. Kotimaki
Barbara J. Kotimaki

4/28/2005

DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	KOTIMAKI, ROBERT E.
STREET ADDRESS	37700 US HWY 19 NORTH
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	DVS
NAME	KOTIMAKI, BARBARA J.
STREET ADDRESS	37700 US HWY 19 NORTH
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000357625
05/04/05-80081-015 150.00

**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:

Robert E. Kotimaki
Robert E. Kotimaki, President

4/28/2005

Date

(727) 943-5800

Daytime Phone #