

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 290491

Entity Name: KALMIA COMPANY, INC.

FILED  
Jan 14, 2009  
Secretary of State

**Current Principal Place of Business:**

1895 GULF SHORE BLVD. S.  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 363  
BRADFORD, PA 16701 US

**New Mailing Address:**

FEI Number: 25-1155166

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAER, DAN E  
3838 TAMIAMI TRAIL NORTH  
SUITE 200  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KEARNEY, BARBARA  
Address: 123 LAUGHING DOG ROAD  
City-St-Zip: PLACERVILLE, CO 81430 US

Title: VP ( ) Delete  
Name: KEARNEY, RICHARD P  
Address: 123 LAUGHING DOG ROAD  
City-St-Zip: PLACERVILLE, CO 81430 US

Title: STD ( ) Delete  
Name: DENNIS, SUSAN R  
Address: 18 CORNELIUS LANE  
City-St-Zip: BRADFORD, PA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAN E BAER

AGE

01/14/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date