


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90085 006 ***150.00

DOCUMENT # H34179					
1. Entity Name KADEK ENTERPRISES OF FLORIDA, INC.					
Principal Place of Business 311 ELM STREET SUITE 1000 CINCINNATI, OH 45202 US			Mailing Address 259 YORKLAND ROAD TORONTO CANADA, ON M2J 5-B2 XX		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2502540	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	DIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOTTLE, WILLIAM		NAME	NOBLE L LONGINO	
STREET ADDRESS	259 YORKLAND ROAD		STREET ADDRESS	1529 ALLEN PARKWAY	
CITY-ST-ZIP	TORONTO, CANADA, ON M2J 5B2		CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWES, J.C. O		NAME	CURTIS G. BRIGGS	
STREET ADDRESS	1680 METROPOLITAN CIRCLE		STREET ADDRESS	1929 ALLEN PARKWAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAUNTLEY, ANDREW J		NAME	JUDITH M MARSHALL	
STREET ADDRESS	4333 STILL CREEK DR.		STREET ADDRESS	1929 ALLEN PARKWAY	
CITY-ST-ZIP	BURNABY, CANADA, BC V5C 6S6		CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGELES, AZALEA K		NAME	KEVIN J. BRATEK	
STREET ADDRESS	259 YORKLAND ROAD		STREET ADDRESS	1929 ALLEN PARKWAY	
CITY-ST-ZIP	TORONTO, CANADA, ON M2J 5B2		CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	D/S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEEMAN, ELLEN		NAME		
STREET ADDRESS	259 YORKLAND ROAD		STREET ADDRESS		
CITY-ST-ZIP	TORONTO, CANADA, ON M2J 5B2		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUSTON, PAUL A		NAME		
STREET ADDRESS	259 YORKLAND ROAD		STREET ADDRESS		
CITY-ST-ZIP	TORONTO, CANADA, ON M2J 5B2		CITY-ST-ZIP		
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: <i>Kevin J. Bratek</i> TREASURER			Date: <i>4/2/07</i>		Daytime Phone #: <i>713-522-5141</i>