

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000051311

**Entity Name:** KAB ADVISORS, INC.

**Current Principal Place of Business:**

4501 GULFSHORE BLVD NORTH  
ARIA PH-1503  
NAPLES, FL 34103

**Current Mailing Address:**

4501 GULFSHORE BLVD NORTH  
ARIA PH-1503  
NAPLES, FL 34103

**FEI Number:** 58-2345407

**Certificate of Status Desired:** No

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

CZEKAJ, ANDREW J  
4501 GULFSHORE BLVD., NORTH  
ARIA PH-1503  
NAPLES, FL 34103 US

*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

**Officer/Director Detail :**

Title PSD  
Name CZEKAJ, ANDREW J  
Address 4501 GULFSHORE BLVD., NORTH  
City-State-Zip: NAPLES FL 34103

Title AS  
Name BANKS CZEKAJ, MARGARET  
Address 4501 GULFSHORE BLVD., NORTH  
City-State-Zip: NAPLES FL 34103

*I hereby 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 all other like empowered.*

**SIGNATURE:** ANDREW J CZEKAJ

**MANAGER**

**03/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date