

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J49589

FILED
Apr 17, 2009
Secretary of State

Entity Name: KIFER ENTERPRISES, INC.

Current Principal Place of Business:

3348 WESTFORD DR.
APOPKA, FL 327125647

New Principal Place of Business:

2601 LAFAYETTE AVENUE
WINTER PARK, FL 32789 US

Current Mailing Address:

3348 WESTFORD DR.
APOPKA, FL 327125647

New Mailing Address:

2601 LAFAYETTE AVENUE
WINTER PARK, FL 32789 US

FEI Number: 59-2775528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIFER, GAIL MRS
3348 WESTFORD DR.
APOPKA, FL 327125647 US

Name and Address of New Registered Agent:

KIFER, GAIL MRS
2601 LAFAYETTE AVE
WINTER PARK, FL 32789 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: GAIL P. KIFER

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: KIFER, GAIL MRS
Address: 3348 WESTFORD DRIVE
City-St-Zip: APOPKA, FL 32712

Title: PD () Delete
Name: KIFER, ARKEL (ARCHIE) A MR
Address: 3348 WESTFORD DRIVE
City-St-Zip: APOPKA, FL 32712

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: KIFER, GAIL MRS
Address: 2601 LAFAYETTE AVE
City-St-Zip: WINTER PARK, FL 32789 US

Title: PD (X) Change () Addition
Name: KIFER, ARKEL (ARCHIE) A MR
Address: 2601 LAFAYETTE AVE
City-St-Zip: WINTER PARK, FL 32789 US

Title: D () Change (X) Addition
Name: KIFER, LORI K MS
Address: 2522 CHANTILLY AVE
City-St-Zip: WINTER PARK, FL 32789 US

Title: D () Change (X) Addition
Name: KIFER, KRISTI L MS
Address: 2601 LAFAYETTE AVE
City-St-Zip: WINTER PARK, FL 32789 US

Title: D () Change (X) Addition
Name: KIFER, CARIE E MS
Address: 3348 WESTFORD DRIVE
City-St-Zip: APOPKA, FL 32712 US

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: GAIL P KIFER

VD

04/17/2009

Electronic Signature of Signing Officer or Director

Date