

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000056361	
1. Entity Name KGB & SONS, INC.	

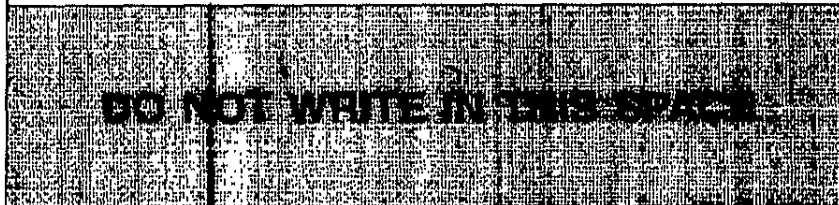
Principal Place of Business 19801 NW HIGHWAY 335 WILLISTON, FL 32696	Mailing Address 19801 NW HIGHWAY 335 WILLISTON, FL 32696
--	--



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3724379	Applied For ☐ Not Applicable
------------------------------------	--

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



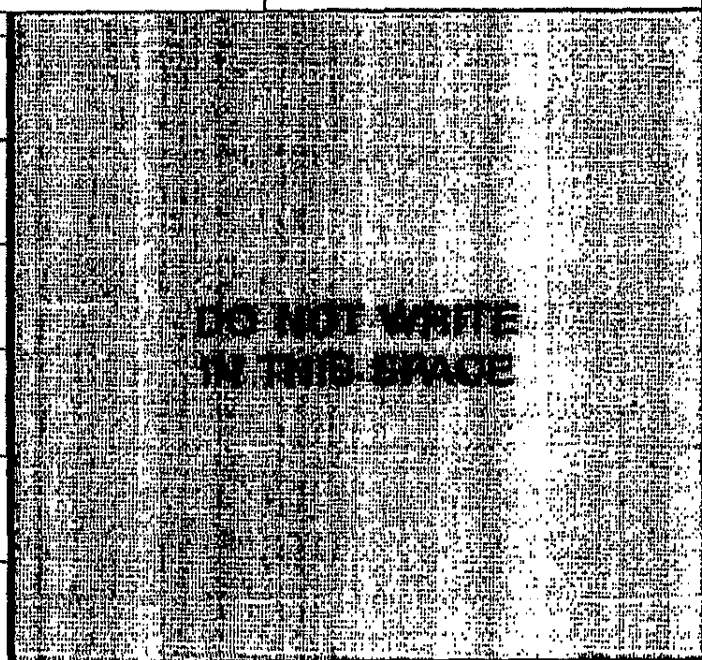
6. Name and Address of Current Registered Agent SHARON C. BRANNAN, CPA PA 161 N. MAIN STREET WILLISTON, FL 32696	
--	--

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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: registered agent signature required when resigning))

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	U000000273051 03/23/05-80012-013 150.00 DATE
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOYER, KENNEDY G 19331 NW HIGHWAY 335 WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOYER, KENNEDY G JR. 7050 NE 220TH AVENUE WILLISTON, FL 32696
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	



12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3/21/05 352-528-2466**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Oyston Page #