


2007 FOR PROFIT CORPORATION ANNUAL REPORT (A)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90076 046 ***150.00

DOCUMENT # P04000058301			
1. Entity Name KONCHAN INC.			
Principal Place of Business 4530 S FLORIDA AVE INVERNESS FL 34450		Mailing Address 4530 S FLORIDA AVE INVERNESS FL 34450	
2. Principal Place of Business - No P.O. Box # 4530 S FLORIDA AVE		3. Mailing Address 4530 S FLORIDA AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State INVERNESS FL		City & State INVERNESS FL	
4. FEI Number 20-0963259		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KONCHAN, MATTHEW D 4530 S FLORIDA AVE INVERNESS FL 34450		7. Name and Address of New Registered Agent	
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 <u>MATTHEW KONCHAN PRESIDENT</u> <i>[Signature]</i> DATE <u>3-14-07</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	P KONCHAN, MATTHEW D <input type="checkbox"/> Delete	TITLE	KONCHAN, MATTHEW D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4530 S FLORIDA AVE	STREET ADDRESS	6110 E WINGATE ST.
CITY - ST - ZIP	INVERNESS FL 34450	CITY - ST - ZIP	INVERNESS, FL 34452
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>MATTHEW KONCHAN</u> <i>[Signature]</i>		DATE: <u>3-14-07</u> DAYTIME PHONE # <u>352 341-0017</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



1st MOORE CR2E034 (10/06)