

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90223 018 ***158.75

DOCUMENT # P93000008025
 1. Entity Name
 K.C.D.C. OF TAMPA, INC.



Principal Place of Business Mailing Address
 9428 EDDINGS RD. 5514 CARMACK RD
 ODESSA, FL 33556 US TAMPA, FL 33610

50020032



02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3163182	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CHRISTNER, ALAN S JR.
 401 SECOND STREET EAST
 STE. 231
 INDIAN ROCKS BEACH, FL 34635

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

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WASIELEWSKI, THOMAS
STREET ADDRESS	9428 EDDINGS RD.
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	ST
NAME	WASIELEWSKI, KAREN
STREET ADDRESS	9428 EDDINGS RD.
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	ST
NAME	WASIELEWSKI, CASEY J.
STREET ADDRESS	4702 CORSAGE DR
CITY-ST-ZIP	LUTZ, FL 33558
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Thomas Wasielewski 2-21-05 813-621-8059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #