

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H80151

**Entity Name:** KAUFF'S OF FT. PIERCE, INC.

**Current Principal Place of Business:**

8920 GLADES CUT OFF ROAD  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

4701 EAST AVENUE  
WEST PALM BEACH, FL 33407 US

**FEI Number:** 59-2592839

**Certificate of Status Desired:** No

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

CAPITOL CORPROATE SERVICES, INC.  
515 E PARK AVE, 2ND FL  
TALLAHASSEE, FL 32301 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            PRESIDENT  
Name            RUSSELL, FRANCIS GEOFF  
Address        4701 EAST AVENUE  
City-State-Zip: WEST PALM BEACH FL 33407

Title            VP  
Name            CROCKETT, SCOTTY  
Address        4701 EAST AVENUE  
City-State-Zip: WEST PALM BEACH FL 33407

Title            TREASURER  
Name            WELCH, MICHAEL  
Address        4701 EAST AVENUE  
City-State-Zip: WEST PALM BEACH FL 33407

Title            SECRETARY  
Name            WELCH, MICHAEL  
Address        4701 EAST AVENUE  
City-State-Zip: WEST PALM BEACH FL 33407

*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:** MICHAEL WELCH

**PRESIDENT**

**02/21/2022**

Electronic Signature of Signing Officer/Director Detail

Date