

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 415724

1. Entity Name
KENTUCKY FRIED CHICKEN OF MOORE HAVEN, INC.



Principal Place of Business
**1403 W. AVENUE A
BELLE GLADE, FL 33430**

Mailing Address
**1403 W. AVENUE A
BELLE GLADE, FL 33430**

DO NOT WRITE IN THIS SPACE



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1421638

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOOKS, RUDOLPH
1403 W AVE A
1500 W CANAL STREET
BELLEGLADE, FL 33430**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**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 NAME STREET ADDRESS CITY - ST - ZIP	DP HOOKS, RUDOLPH 1500 W. CANAL ST. BELLEGLADE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BARTON, LISA A 533 1/2 S.E. AVENUE E. BELLEGLADE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ACREE, MICKEY K. 1403 W. AVENUE A BELLEGLADE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000348694
05/02/05-80036-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Lisa Barton Lisa Barton

4-27-05

561-996-7491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #