

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 484872

1. Entity Name
KAF-FLEX PRODUCTS, INC.



Principal Place of Business
**12801 COMMODITY PLACE
TAMPA, FL 33626**

Mailing Address
**12801 COMMODITY PLACE
TAMPA, FL 33626**



DO NOT WRITE IN THIS SPACE

04182005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1621762

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**JEMISON, WILLIAM D
12801 COMMODITY PLACE
TAMPA, FL 33626**

**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 re-stating)

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**

U00000344663

04/30/05-80004-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	JEMISON, WILLIAM D
STREET ADDRESS	12801 COMMODITY PLACE
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	D
NAME	JEMISON, MICHAEL S
STREET ADDRESS	12801 COMMODITY PLACE
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	V/T
NAME	GULDEN, GARY
STREET ADDRESS	12801 COMMODITY PLACE
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	S
NAME	FAULKNER, COLLEEN M
STREET ADDRESS	12801 COMMODITY PLACE
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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 of Block 11 if changed, or on an attachment with an address, with all other life empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GARY W GULDEN 19 April 2005 286-4336