

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2007 8:00 am
Secretary of State

08-13-2007 90022 001 ***150.00

DOCUMENT # F06000002495 1. Entity Name K.C. SPOTTING, INC.					
Principal Place of Business 4205 SAUGAHATCHEE HILLS CT. OPELIKA, AL 36801			Mailing Address P.O. BOX 2026 OPELIKA, AL 36803-2026		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 63-1264061 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05212007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent DAVIS, DAVID 540 W. 59 ST. JACKSONVILLE, FL 32208			7. Name and Address of New Registered Agent Name Ben Milam Street Address (P.O. Box Number is Not Acceptable) 6357 Ferber Rd City Jacksonville FL Zip Code 32277		
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><i>Ben R. Milam</i></u> Ben Milam <i>8.8.07</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP <input type="checkbox"/> Delete CHASTAIN, NELSON A. 4205 SAUGAHATCHEE HILLS CT. OPELIKA, AL 36801	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 recorder 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, unchanged, or in an attachment with an address, and all other as empowered.					
SIGNATURE: <u><i>Nelson A. Chastain</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Nelson A. Chastain, President (334) 749-6924 <small>Date Date Time Phone #</small>			