## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 06, 2006 8:00 am **Secretary of State** DOCUMENT # F99000002207 1. Entity Name 02-06-2006 90090 006 \*\*\*158.75 KPG CORPORATION Principal Place of Business 3771 BAY CREEK DRIVE BONITA SPRINGS FL 34134 3771 BAY CREEK DRIVE BONITA SPRINGS FL 34134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3516466 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELLY, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 3771 BAY CREEK DRIVE **BONITA SPRINGS FL 34134** City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KELLY, RICHARD L NAME STREET ADORESS 3771 BAY CREEK DRIVE STREET ADDRESS CITY-ST-7IP BONITA SPRINGS FL CITY-ST-ZIP **C**hange TETEF ☐ Delete TITLE ☐ Addition GROSSMAN, NILS 11960 4151 AVE. NORTH NAME GROSSMAN, NILS NAME STREET ADDRESS C/O BRIGGS & MORGAN, 2400 IDS TOWER STREET ADDRESS CITY-ST-ZIP MINNEAPOLIS MN CITY-ST-ZIP PLYMOUTH, MN. ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

RICHARD L. KELLY 1.23.2006 239.561.7288

PROR DIRECTOR Date Daytime Phone # SIGNATURE!