2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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## FILED Jan 25, 2007 08:00 AM DOCUMENT # F99000002207 1. Entity Name **Secretary of State** KPG CORPORATION Principal Place of Business Mailing Address 3771 BAY CREEK DRIVE BONITA SPRINGS FL 34134 3771 BAY CREEK DRIVE BONITA SPRINGS FL 34134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (10/06) 1st MOORE City & State City & State 4. FEI Number Applied For 59-3516466 Not Applicable Zìp 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 Namo KELLY, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 3771 BAY CREEK DRIVE **BONITA SPRINGS FL 34134** Zip Code FL 8. The above named ontity 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 capplicable (NOTE: Registered Agent signature required when reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCD HIBE ☐ Delete MILE U00000603627 ☐ Change ☐ Addition KELLY, RICHARD L NAME NAME 01/29/07-80020-023 158.75 3771 BAY CREEK DRIVE STREET ADDRESS SIDELL ADDRESS **BONITA SPRINGS FL** CHY SI AP CHY SI ZIP 11111 Delete 18818 ☐ Change Addition GROSSMAN, NILS NAME MARKE 11960 41ST AVE N STREET ADDRESS STREET ADDRESS MINNEAPOLIS MN 55441 CITY-ST ZIP CITY SI 78P ☐ Defete HILF ☐ Change Addition MAME STREET ADDRESS SIRELI ADDRESS CHY ST ZIP CHY SEZIP HIEF Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS GETY SE ZIE CITY SI ZIP HILL ☐ Delete Change Addition NAME NAMI STREET ADDRESS SIBLE LADDRESS CITY ST-78 CITY -ST-ZIP MILE ☐ Delete ШЦ ☐ Change Addition NAME NAME STREET ABORESS STREET ADDRESS CITY ST ZIP CITY ST-ZIP I hereby certify that the information supplied with this tiling 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.

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