

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G28968**

1. Entity Name  
**K.C.A. ENTERPRISES, INC.**



Principal Place of Business  
**4400 NW 63RD DRIVE  
COCONUT CREEK, FL 33073**

Mailing Address  
**4400 NW 63RD DRIVE  
COCONUT CREEK, FL 33073**



01222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2346392**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**GM FINANCIAL GROUP  
ATTN: SUZAN CONLEY  
1191 EAST NEWPORT CENTER DRIVE, SUITE 103  
DEERFIELD BEACH, FL 33442**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**1000000470281  
03/28/06-80007-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PCD  
KING, MICHAEL E CHMN  
4400 NW 63RD DRIVE  
COCONUT CREEK, FL 33073**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
KING, ILLIANE M  
4400 NW 63RD DRIVE  
COCONUT CREEK, FL 33073**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
KING, STEVEN  
4400 NW 63RD DRIVE  
COCONUT CREEK, FL 33073**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/13/06 954-4813756**