


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # G50443	
1. Entity Name K.C. ENTERPRISES OF VERO BEACH, INC.	

Principal Place of Business 1669 OLD DIXIE HIGHWAY VERO BEACH, FL 32960	Mailing Address PO BOX 368 VERO BEACH, FL 32961
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DO NOT WRITE IN THIS SPACE



03152006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2310110	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SANDOR, CHERYL S. 1669 OLD DIXIE HWY VERO BEACH, FL 32960
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO SANDOR, KENNTH V 1669 OLD DIXIE HWY VERO BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT SANDOR, CHERYL S. 1669 OLD DIXIE HWY VERO BCH, FL
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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 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 full address, with all other like empowered.

SIGNATURE:  **CHERYL S. SANDOR VP.** 3/15/06 772-569-6898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #