

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP -2 AM 8:44

DOCUMENT # G89792

1. Entity Name
KEMPER DIVERSIFIED SERVICES, INC. (K D S)



Principal Place of Business
PO BOX 850
CRYSTAL RIVER, FL 34423 US

Mailing Address
PO BOX 850
CRYSTAL RIVER, FL 34423 US

2. Principal Place of Business
Post Office Box 1675
Suite, Apt. #, etc.

3. Mailing Address
Post Office Box 1675
Suite, Apt. #, etc.

City & State
CRYSTAL RIVER, FL

City & State
CRYSTAL RIVER, FL

Zip
34423

Country
USA

Zip
34423

Country
USA

08312004 Chg-P CR2E034 (10/03)

4. FEI Number
59-2422080

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KEMPER, FRANCES A.
5971 N. BROOKGREEN DR.
CRYSTAL RIVER, FL 34428

CORRECTION TO SPELLING ->

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
5971 N. BROOKGREEN DR.
City
FL 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 *Frances A. Kemper*
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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS KEMPER, FRANCES A. PO BOX 850 CRYSTAL RIVER, FL 34423	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEMPER, FRANCES A PO BOX 850 CRYSTAL RIVER, FL 34423	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS KEMPER, FRANCES A. Post Office Box 1675 CRYSTAL RIVER FL 34423	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Frances A. Kemper*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/04
Date

Daytime Phone #

112

9/20

212

Kemper Diversified Services, Inc.
Post Office Box 1675
Crystal River, FL 34423

August 30, 2004

Florida Department of State, Division of Corporations
Attention: Andy Dunlap, Document Specialist Supervisor
Post Office Box 6327
Tallahassee, FL 32414

RE: Uniform Business Report/Document No. G89792

Dear Mr. Dunlap:

It has come to my attention that the Uniform Business Report for the above captioned entity was not filed; I did however forward a completed Annual Report (Uniform Business Report) with a fee of \$158.75, though not until after the May 1 due date. It evidently was not accepted, but the check was cashed.

Please note I've not included herein the late fee or a reinstatement fee as I did not receive the First Notice of the 2004 Uniform Business Report; nor did I receive a Second Notice - as I am told I should have received. Please see the above letterhead address to be used for all future correspondence.

Enclosed please find an properly completed - with corrections - "2004 For Profit Corporation Annual Report".

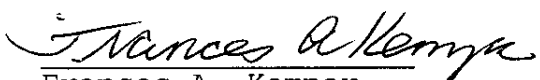
In the future I will anticipate its receipt at the address indicated above and respond immediately with appropriate signature(s) and fees.

Please reinstate Kemper Diversified Services, Inc.; accept the enclosed Annual Report as having been timely filed because the address used in sending the Notice was inappropriate, and as such the Notice was not received.

Please accept the previously remitted \$158.75 in full satisfaction the required 2004 fee, inclusive of the Department providing a Certificate of Status.

Thank you for your keen and prompt attention to this request.

Respectfully,


Frances A. Kemper
Director, President, Secretary

cc: Barnes and Cohen CPA's, PA
Post Office Box 490
Crystal River, FL 34423