

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # J16504 1. Entity Name PROPERTIES OF K & C INC.	
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Principal Place of Business 435 EAST HIGHWAY 434 LONGWOOD, FL 32750 US	Mailing Address P. O. BOX 988 LONGWOOD, FL 32752 US
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02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2678936	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CRAWLEY, RON 435 E. HIGHWAY 434, SUITE 400 LONGWOOD, FL 32750

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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 _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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	1100000421961 02/16/06-80050-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CRAWLEY, RON 435 EAST HIGHWAY 434 LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST CRAWLEY, RON 435 E HWY 434 LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRAWLEY, RON 435 E HWY 434 LONGWOOD, FL
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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: <u><i>Ron Crawley</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>2-2-06</u> Date	<u>407 331 4150</u> Daytime Phone #
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