

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90025 010 \*\*\*150.00

**DOCUMENT # J55791**

1. Entity Name  
KJK CONTRACTING, INC.



Principal Place of Business

C/O KENT J. KAUFFMAN  
501 SINCLAIR DRIVE  
SARASOTA, FL 34240 US

Mailing Address

Kent  
C/O IVAN J. KAUFFMAN  
501 SINCLAIR DRIVE  
SARASOTA, FL 34240 US



03152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2780258

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KAUFFMAN, KENT J.  
501 SINCLAIR DR.  
SARASOTA, FL 34240

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KAUFFMAN, IVAN J.
STREET ADDRESS	1550 GRAND BLVD.
CITY-ST-ZIP	SARASOTA, FL
TITLE	PT
NAME	KAUFFMAN, KENT J.
STREET ADDRESS	501 SINCLAIR DR.
CITY-ST-ZIP	SARASOTA, FL
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: Kent J. Kauffman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08

Date

(941) 379-4213

Daytime Phone #