

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J57959

Entity Name: KC CROMWELL, INC.

FILED  
Jan 03, 2005  
Secretary of State

## Current Principal Place of Business:

1046 ROYAL PASS RD.  
TAMPA, FL 336025708 US

## New Principal Place of Business:

## Current Mailing Address:

1046 ROYAL PASS RD.  
TAMPA, FL 336025708 US

## New Mailing Address:

FEI Number: 59-2767175

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GIORDANO, JOHN N  
220 SOUTH FRANKLIN STREET  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DS ( ) Delete  
Name: HOOVER, ROBIN C.,  
Address: 2909 W HAWTHORNE RD  
City-St-Zip: TAMPA, FL 33611

Title: CFO ( ) Delete  
Name: DYN, TIM  
Address: 1000 N ASHLEY DRIVE, #600  
City-St-Zip: TAMPA, FL 33602

Title: BOD (X) Delete  
Name: BROWN, CHRIS  
Address: 1000 N ASHLEY DR #600  
City-St-Zip: TAMPA, FL 33602

Title: BOD (X) Delete  
Name: HOOVER, PAMELA  
Address: 1000 N ASHLEY DR #600  
City-St-Zip: TAMPA, FL 33602

Title: BOD (X) Delete  
Name: HARRIS, SAM  
Address: 1000 N ASHLEY DR #600  
City-St-Zip: TAMPA, FL 33602

Title: BOD (X) Delete  
Name: BRUELS, JOHN  
Address: 1000 N. ASHLEY DR. #600  
City-St-Zip: TAMPA, FL 33602

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DO (X) Change ( ) Addition  
Name: ROBIN C. HOOVER,  
Address: 1046 ROYAL PASS ROAD  
City-St-Zip: TAMPA, FL 33602

Title: DS (X) Change ( ) Addition  
Name: HOOVER, PAMELA F  
Address: 1046 ROYAL PASS ROAD  
City-St-Zip: TAMPA, FL 33602

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN C. HOOVER

PRES

01/03/2005

Electronic Signature of Signing Officer or Director

Date