


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90071 025 \*\*\*150.00

<b>DOCUMENT # K02039</b> 1. Entity Name <b>K.D.F., INC.</b>			
Principal Place of Business <b>505 S. FLAGLER DR. STE 300 WEST PALM BEACH FL 33401 US</b>		Mailing Address <b>505 S. FLAGLER DR. STE 300 WEST PALM BEACH FL 33401 US</b>	
2. Principal Place of Business <b>ONE N. CLEMATIS STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. BOX 4297</b> Suite, Apt. #, etc.	
City & State <b>WEST PALM BEACH, FL</b> Zip <b>33401</b> Country <b>USA</b>		City & State <b>WEST PALM BEACH</b> Zip <b>33402</b> Country <b>USA</b>	
4. FEI Number <b>65-0016939</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CHOPIN, L. FRANK 505 S. FLAGLER DRIVE STE 300 WEST PALM BEACH FL 33401</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>ONE N. CLEMATIS STREET</b> City <b>WEST PALM BEACH, FL</b> Zip Code <b>33401</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORD, KATHLEEN D. 505 S. FLAGLER DRIVE, SUITE 300 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHOPIN, L. FRANK 505 S. FLAGLER DRIVE, SUITE 300 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	One N. Clematis Street West Palm Beach, FL 33401	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	One N. Clematis Street West Palm Beach, FL 33401	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	One N. Clematis Street West Palm Beach, FL 33401	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	One N. Clematis Street West Palm Beach, FL 33401	<input type="checkbox"/> Delete	<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.			
<b>SIGNATURE:</b> <i>L. Frank Chopin</i>		Date <b>3/29/05</b> Daytime Phone # <b>561-655-9500</b>	