

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90035 029 ***150.00

DOCUMENT # K78247

1. Entity Name

K.C. BREEN & ASSOCIATES, INC.



Principal Place of Business

15951 MCGREGOR BLVD., SUITE 3A-B
P.O. BOX 08489
FORT MYERS FL 33908

Mailing Address

15951 MCGREGOR BLVD., SUITE 3A-B
P.O. BOX 08489
FORT MYERS FL 33908



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

18500 Deep Passage

Suite, Apt. #, etc.

18500 Deep Passage

Suite, Apt. #, etc.

City & State

Ft. Myers Beach, FL

City & State

Ft. Myers Beach, FL

Zip

33931

Country

USA

Zip

33931

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0112218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREEN, KEVIN C.
18500 DEEP PASSAGE LANE
FT. MYERS FL 33931

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete
NAME: BREEN, KEVIN C.
STREET ADDRESS: 18500 DEEP PASSAGE LANE
CITY ST-ZIP: FT. MYERS BEACH FL

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY ST-ZIP:

TITLE: ☐ Delete
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STREET ADDRESS:
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STREET ADDRESS:
CITY ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY ST-ZIP:

TITLE: ☐ Change ☐ Addition
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NAME:
STREET ADDRESS:
CITY ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Kevin C. Breen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07 239/482-0500
Date Telephone #