

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # K95568

1. Entity Name
KWOVCO, INC.



Principal Place of Business
2036 JERNIGAN RD
JACKSONVILLE, FL 32207

Mailing Address
PO BOX 2184
YULEE, FL 32041-2184



02112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2953806	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OVERCASH, KENNETH
1821-6 PARENTAL HOME RD
JACKSONVILLE, FL 32216

**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 reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	OVERCASH, KENNETH W.
STREET ADDRESS	1821-6 PARENTAL HOME RD
CITY-ST-ZIP	JACKSONVILLE, FL 32216

TITLE	VST
NAME	OVERCASH, V. CHERYL
STREET ADDRESS	1821-6 PARENTAL RD
CITY-ST-ZIP	JACKSONVILLE, FL 32216

TITLE	D
NAME	OVERCASH, V. CHERYL
STREET ADDRESS	1821-6 PARENTAL RD
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TITLE	
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CITY-ST-ZIP	

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02/23/07-80024-005 150.00

**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: V. Cheryl Overcash V. Cheryl Overcash, Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-07

Date

Daytime Phone #