


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L17608 1. Entity Name K. FAM. INC.	
---	---

Principal Place of Business 7181 CARDINAL ST HOMOSASSA FL 34447	Mailing Address 9 BYRSONIMA CT WEST HOMOSASSA FL 34446
---	--



2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc.
City & State	City & State
Zip	Country

2nd MOORE CR2E034 (5/05)

6. Name and Address of Current Registered Agent KANARIS, GEORGE R 9 BYRSONIMA CT WEST HOMOSASSA SPRINGS FL 34446	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	---

4. FEI Number 59-2962170	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
DUE BY September 7, 2005
 Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	
NAME	KANARIS, GEORGE R	
STREET ADDRESS	9 BYRSONIMA CT WEST	
CITY- ST- ZIP	HOMOSASSA SPRINGS FL 34446	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KANARIS, DEBORAH M	
STREET ADDRESS	9 BYRSONIMA CT WEST	
CITY- ST- ZIP	HOMOSASSA SPRINGS FL 34446	
TITLE	S	<input type="checkbox"/> Delete
NAME	KANARIS, MARIA T	
STREET ADDRESS	3848 SPRINGBREEZE WAY	
CITY- ST- ZIP	HOMOSASSA FL 34447	
TITLE	T	<input type="checkbox"/> Delete
NAME	KANARIS, ROUSSO G	
STREET ADDRESS	9 BYRSONIMA CT WEST	
CITY- ST- ZIP	HOMOSASSA FL 34446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME		
STREET ADDRESS	STREET ADDRESS		
CITY- ST- ZIP	CITY- ST- ZIP		
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		
CITY- ST- ZIP	CITY- ST- ZIP		
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		
CITY- ST- ZIP	CITY- ST- ZIP		
TITLE	NAME	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	STREET ADDRESS		
CITY- ST- ZIP	CITY- ST- ZIP		

U00000375597
08/05/05-80002-001 558.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: George R. Kanaris 8/3/05 (352) 628-6559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #