

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90034 001 ***150.00

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2962170

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

KANARIS, GEORGE R.
9 BYRSONIMA CT WEST
HOMOSASSA SPRINGS FL 34446

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

George R. Kanaris

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

2/20/08

DATE

FILE NOW!!! - FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|----------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| 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 checked="" 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 |
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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:

George R. Kanaris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08

Date

Daytime Phone #