

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90069 019 \*\*\*158.75

**DOCUMENT # L25436**

1. Entity Name  
**KEMPCO, INC.**



Principal Place of Business  
**3975 OLD HWY 37 SOUTH  
MULBERRY, FL 33860 US**

Mailing Address  
**FEAR, CHRISTOPHER M.  
P.O. BOX 3  
LAKELAND, FL 33802-0003 US**

**DO NOT WRITE IN THIS SPACE**



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2973389**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KOVACS, PETER  
3975 OLD HIGHWAY 37 S  
LAKELAND, FL 33860**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DPS
NAME	KOVACS, PETER
STREET ADDRESS	788 LAKE CLARK CT
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	DVT
NAME	KOVACS, ENDRE
STREET ADDRESS	3211 POLO PLACE
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	DVS
NAME	KOVACS, MIHALY
STREET ADDRESS	1801 COUNTRY CLUB CT.
CITY-ST-ZIP	PLANT CITY, FL 33566
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** **PETER KOVACS** **3-3-06** **863-425-5022**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

GRAY|ROBINSON  
ATTORNEYS AT LAW

ATTACHMENT

40029358

#625436

ONE LAKE MORTON DRIVE (33801)  
POST OFFICE BOX 3  
LAKELAND, FL 33802-0003  
TEL 863-284-2200  
FAX 863-688-0310  
gray-robinson.com

CLERMONT  
FORT LAUDERDALE  
JACKSONVILLE  
KEY WEST  
LAKELAND  
MELBOURNE  
NAPLES  
ORLANDO  
TALLAHASSEE  
TAMPA

863-284-2205  
FAX 863/688-9771  
CFEAR@GRAY-ROBINSON.COM

March 8, 2006

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

Re: KEMPCO, INC.  
Client-Matter No.: 4110111.22718

Dear Ladies and Gentlemen:

Enclosed is the 2006 Annual Report, together with Kempco's check in the amount of \$158.75 for the filing fee and certificate of status.

Very truly yours,



Christopher M. Fear

CMF/sf  
Enclosures