

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-16-2007 90125 025 ***550.00

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
 LAKE LAND, FL 33802-0003 US

DO NOT WRITE IN THIS SPACE



07022007 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

3. Name and Address of Current Registered Agent

KOVACS, PETER
 3975 OLD HIGHWAY 37 S
 LAKE LAND, 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 \$550.00
Due by September 14, 2007

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: LAKE LAND, 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:

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-07
 Date

863-205-1329
 Daytime Phone #