

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L25436

Entity Name: KEMPCO, INC.

FILED
Feb 09, 2009
Secretary of State

Current Principal Place of Business:

3975 OLD HWY 37 SOUTH
MULBERRY, FL 33860 US

New Principal Place of Business:

Current Mailing Address:

FEAR, CHRISTOPHER M.
P.O. BOX 3
LAKELAND, FL 338020003 US

New Mailing Address:

FEI Number: 59-2973389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: KOVACS, PETER,
Address: 788 LAKE CLARK CT
City-St-Zip: LAKELAND, FL 33813

Title: DVT () Delete
Name: KOVACS, ENDRE
Address: 3211 POLO PLACE
City-St-Zip: PLANT CITY, FL 33566

Title: DVS () Delete
Name: KOVACS, MIHALY
Address: 1801 COUNTRY CLUB CT.
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: KOVACS, PETER,
Address: 6890 LAKE CLARK DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DVAS (X) Change () Addition
Name: KOVACS, MIHALY
Address: 1801 COUNTRY CLUB CT.
City-St-Zip: PLANT CITY, FL 33566

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER KOVACS

DPS

02/09/2009

Electronic Signature of Signing Officer or Director

Date