2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 08, 2006 08:00 AM **Secretary of State** DOCUMENT # L54899 3. Entity Name KSDC, INC. Principal Place of Business Mailing Address C/O KING DANA C 7006 ATLANTIC BLVE JACKSONVILLE FL 32211 US C/O KING, DANA C. 7006 ATLANTIC BLVD JACKSONVILLE FL 32211 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CRZE034 (10/05) Applied For City & State 4. FEI Number City & State 59-3002054 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KING, DANA C Street Address (P.O. Box Number is Not Acceptable) 7006 ATLANTIC BLVD ROUTE 2, BOX 437 JACKSONVILLE FL 32148 Zip Code Fl 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 Agels signature required when reinstaling) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Addition Delete THE ٥ TITLE NAME NAME KING, DANA C. STREET ADDRESS 7006 ATLANTIC BLVD STREET ADDRESS UDDDDD0460188 CITY-ST-ZIP n3/18/06 20063-005 150.00 CITY-ST-ZIF JACKSONVILLE FL ☐ Addition Delete TITLE TITLE NAME NAME COCHRAN JR., MARK M. STREET ADDRESS STREET ADDRESS ROUTE 2, BOX 437 CITY-ST-ZIF C11Y-ST-ZIP INTERLACHEN FL ☐ Change Addition ☐ Delcte TITLE HTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition אוונצ ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change ☐ Addition TITLE Defete MAME STREET AGORESS STREET ADDRESS DAY-ST- ZIP CITY-ST-719 ☐ Defete THELE Change ☐ Addition HTLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZTP CITY-ST- DP 12. I hereby certify that the information supplied with this filing does not quality 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 of 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 attractment with an address with all other like empowered.

FILED

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