

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Aug 28, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # L74909**

1. Entity Name  
**K.R.D.K. ENTERPRISES, INC.**



Principal Place of Business

**14219 WALSHINGHAM ROAD, UNIT V  
UNIT 6  
LARGO, FL 34644-0236**

Mailing Address

**14219 WALSHINGHAM ROAD, UNIT V  
UNIT 6  
LARGO, FL 34644-0236**



08062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3018014**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GREEN, KEVIN E.  
6989 SEMINOLE BLVD., #6  
SEMINOLE, FL 34642**

**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

U000000772810  
08/28/07-80004-021 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREEN, KEVIN E.
STREET ADDRESS	535 JOHNS PASS AVE.
CITY-ST-ZIP	MADIERA BCH, FL 33708
TITLE	SD
NAME	DATSON, DONALD
STREET ADDRESS	1555 E. BAY DR.
CITY-ST-ZIP	LARGO, FL 33771
TITLE	VPD
NAME	HERON, JENNIFER
STREET ADDRESS	26024 U.S. HWY 19 N
CITY-ST-ZIP	CLEARWATER, FL 34623
TITLE	VP
NAME	KAISER, WILLIAM
STREET ADDRESS	14219 WAKRUGHAM ROAD
CITY-ST-ZIP	LARGO, FL 34644
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-14-07

727 596-1400