


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # M94678
 1. Entity Name
KGS OF CENTRAL FLORIDA, INC.



Principal Place of Business
**245 N HWY 17-92
 LONGWOOD FL 32750
 US**

Mailing Address
**PO BOX 520891
 LONGWOOD FL 32752
 US**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

1st MOORE CRZE034 (10/05)

4. FEI Number **59-2133243** Applied For
 Nbt Appocal

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

6. Name and Address of Current Registered Agent

**WEARN, KENNETH J.
 4019 GALLAGHER LOOP
 CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 *Kenneth J. Wearn* **KENNETH J. WEARN PRES.**
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WEARN, KENNETH J.	
STREET ADDRESS	4019 GALLAGHER LOOP	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	DST	<input type="checkbox"/> Delete
NAME	DANGLEMAN, STEPHEN C.	
STREET ADDRESS	401 LEMON BLUFF RD	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ERD, GORDON A	
STREET ADDRESS	124 LAKE BREEZE CIRCLE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000435218
 02/25/06-80032-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Kenneth J. Wearn* **KENNETH J. WEARN** 2/15/06 407 443-09