
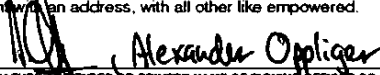


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90182 015 \*\*\*\*61.25

DOCUMENT # N06000009399							
1. Entity Name F.K.C.S., INC.							
Principal Place of Business 5253 CHERRY WOOD DR NAPLES, FL 34119			Mailing Address 10911 BONITA BEACH RD #2011 BONITA SPRINGS, FL 34135				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number <b>20-SS01397</b>			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
OPPLIGER, ALEXANDER 5253 CHERRY WOOD DR NAPLES, FL 34119			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	OPPLINGER, ALEXANDER		NAME				
STREET ADDRESS	5253 CHERRY WOOD DR		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SLENTZ, JULIE		NAME				
STREET ADDRESS	P O BOX 21155		STREET ADDRESS				
CITY-ST-ZIP	BRADENTON, FL 34204		CITY-ST-ZIP				
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BRYAN, DUANE		NAME				
STREET ADDRESS	10070 WINCHESTER WOOD		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DEVINE, JOHN		NAME				
STREET ADDRESS	8909 BEACON ST		STREET ADDRESS				
CITY-ST-ZIP	FT MYERS, FL 33907		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MCKEAGE, JAY		NAME				
STREET ADDRESS	6012 61ST CT EAST		STREET ADDRESS				
CITY-ST-ZIP	PALMETTO, FL 34221		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME			NAME	P Victor Evans			
STREET ADDRESS			STREET ADDRESS	10360 SW 112 Street			
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33176			
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 617, 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: 			Date: 1/16/07		Daytime Phone #: 239-233-0911		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		