

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008
Secretary of State

DOCUMENT# N06000009399

Entity Name: F.K.C.S., INC.

Current Principal Place of Business:

3970 NW 132ND STREET
BAY A
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

9420 FOUNTAIN MEDICAL CT.
#101
BONITA SPRINGS, FL 34135

New Mailing Address:

8909 BEACON STREET
FT MYERS, FL 33907

FEI Number: 20-5501397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMSAROOOP, RUDY
3970 NW 132ND STREET
BAY A
MIAMI, FL 33054 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAMSAROOOP, RUDY
Address: 3970 NW 132ND STREET, BAY A
City-St-Zip: MIAMI, FL 33054

Title: S () Delete
Name: DEVINE, CHARLENE
Address: 8909 BEACON STREET
City-St-Zip: FT. MYERS, FL 33907

Title: T () Delete
Name: BRYAN, DUANE
Address: 10070 WINCHESTER WOOD
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: DEVINE, JOHN
Address: 8909 BEACON ST
City-St-Zip: FT MYERS, FL 33907

Title: D () Delete
Name: MCKEAGE, JAY
Address: 6012 61ST CT EAST
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: EVANS, VICTOR
Address: 10360 SW 112 ST
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: KOVI, TODD
Address: 13950 66 ST. N.
City-St-Zip: WEST PALM, FL 33412

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C DUANE BRYAN

T

04/14/2008

Electronic Signature of Signing Officer or Director

Date