

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009399

FILED  
Mar 30, 2010  
Secretary of State

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

**Current Principal Place of Business:**

10070 WINCHESTER WOOD  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

10070 WINCHESTER WOOD  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 20-5501397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARELLANO, JORGE  
4121 NW 44TH AVE  
OCALA, FL 34486 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  
Name: ARELLANO, JORGE  
Address: 4121 NW 44TH AVE  
City-St-Zip: Ocala, FL 34486

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

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

Title: D  
Name: KRAUS, KYLE  
Address: 10747 S.W. 67TH TERR.  
City-St-Zip: Ocala, FL 34476

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

Title: VP  
Name: EVANS, VICTOR  
Address: 10360 SW 112 ST  
City-St-Zip: MIAMI, FL 33176

I hereby 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 all other like empowered.

SIGNATURE: C DUANE BRYAN

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03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date