2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jan 29, 2004 8:00 am Secretary of State DOCUMENT # P00000022673 KC BUILDING CORPORATION 01-29-2004 90076 006 \*\*\*150.00 Principal Place of Business Mailing Address 835 11TH AVE., S.W. VERO BEACH FL 32962 835 11TH AVE., S.W. VERO BEACH FL 32962 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-1010864 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Sequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Kenneth C. Chesnut MACWILLIAM, KEVIN Street Address (P.O. Box Number is Not Acceptable) 2345 14TH AVE., STE. 3 VERO BEACH FL 32960 835 11th Ave SW Zip Code 32962 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME KIRBY, WILLIAM A NAME STREET ADDRESS 437 SEASIDE TERRACE STREET ADDRESS CITY-ST-ZIP SEBASTIAN FL 32958 CITY-ST-ZIP Change ☐ Addition Delete TITLE CHESNUT, KENNETH NAME NAME STREET ADDRESS STREET ADDRESS 835 11TH AVE., S.W. CITY-ST-ZIP VERO BEACH FL 32962 CITY-ST-ZIP ☐ Change —☐ Addition: ☐. Delete TITLE MAME NAME: -- --STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 1 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

FILED

GNATURE: 1/21/04 772-563-0904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daylaring Phone #

changed, or on an attachment with an address, with all other like empowered.