

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90027 019 \*\*\*150.00

DOCUMENT # P00000045888

1. Entity Name

K & G DECOSMO'S, INC.



Principal Place of Business

6800 49TH ST. NO.  
PINELLAS PARK FL 33781

Mailing Address

4300 39TH STREET SOUTH  
SAINT PETERSBURG FL 33711



2. Principal Place of Business - No P.O. Box #

17841 US Hwy 41

3. Mailing Address

4300 39th St So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Spring Hill FL

City & State

St. Pete FL

Zip

34610

Country

Pasco

Zip

33711

Country

Pinellas

4. FEI Number

59-3644649

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STAPLETON & SMITH P.A.  
1700 66TH ST N STE 304  
SAINT PETERSBURG FL 33710

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME DECOSMO, GARY A  
STREET ADDRESS 4300 39TH STREET SOUTH  
CITY-ST-ZIP SAINT PETERSBURG FL 33711 ☐ Delete

TITLE TD  
NAME DECOSMO, KATHLEEN V  
STREET ADDRESS 4300 39TH STREET SOUTH  
CITY-ST-ZIP SAINT PETERSBURG FL 33711 ☐ Delete

TITLE S  
NAME DECOSMO, CRISTINA M  
STREET ADDRESS 4300 39TH ST S  
CITY-ST-ZIP SAINT PETERSBURG FL 33711 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
S - TD

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*[Signature]* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #