2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000112545								FILED				
1. Entity Name KR SERVICES, INC.			*	*				05 OCT 14	PH 12	: 43		
Principal Place of Business				Mailing Address			JEUNLIANT OF STATE TALLAHASSEE, FLORIDA					
210 S. INDIANA AVE. ENGLEWOOD, FL 34223			7125 9	7125 ST. JOHNS WAY UNIVERSITY PARK, FL 34201-2334				TALLAHAS	SEE, FL	ORIDA		
Principal Place of Business 3. Mailing Address												
2. Principal F	Place of Busin	3. Mailing	3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				Chg-P	CR2E0:	34 (10/03)		
City & State			City &	City & State			4. FEI Numb				pplied For ot Applicable	
Žip	Zip Country				Coun	ntry	5. Certificate of Status Des			\$8.75 Add	itional	
6. Name and Address of Current Regi							7. Name and Address of New Registered Agent					
ROGERS, ROBERT R						Name						
7125 ST. JOHNS WAY SARASOTA, FL 34201-2334				Street Address			(P.O. Box Number is Not Acceptable)					
0A(0.001A, 1 E 0.4201-2304												
						City			FL	Zip Code	e	
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.		or printed name of registered age	nt and title if applica	bie. (NOTI	E: Registere	d Agent signature require	d when reinstating)		DATE			
FILE NOWIII FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.	15	OFFICERS AN	D DIRECTORS		11.	·- ·-	ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE NAME	P Delete TITL NAM					1				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	210 S. INDIANA AVE ENGLEWOOD, FL 34223					ET ADDRESS -ST-ZIP						
TITLE	VP	000,11 34223		☐ Delete	E		······································		☐ Change	Addition		
NAME STREET ADDRESS	ROGERS			ET ADDRESS				_ •	_			
CITY-ST-ZIP						-ST-ZIP			_		į	
TITLE NAME	ST Delete ITITU ROGERS, MISTY NAM						1 0	1		☐ Change	Addition	
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CITY-ST-ZIP	ENGLEWOOD, FL 34223 CITY					-ST-ZIP	₩, n	טין י		☐ Change	- Addition	
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CITY-ST-ZIP					CITY	-ST - ZIP	·					
TITLE NAME				☐ Delete	TITLE NAM					☐ Change	Addition	
STREET ADDRESS				ET ADDRESS								
12. I hereby	certify that th	e information supplied w	ith this filing do	es not qualify for		-ST-ZIP mption stated in Se	ection 119 07/31	(i). Florida Statutes	I further cert	ify that the ir	ntormation	
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 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: DWAYNE Keith Rogers President 9/20/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date											120/05	
		SIGNATURE AND TYPED OF	H PHINTED NAME (JF SIGNING OFFICER	UR DIRECT	IUA '	,	Date	Da	aytime Phone #		