

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000008707

1. Entity Name  
K&G OF TALLAHASSEE, INC.



FILED

04 APR 27 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
3001 W TENNESSEE ST  
TALLAHASSEE, FL 32304

Mailing Address  
3001 W TENNESSEE ST  
TALLAHASSEE, FL 32304

2. Principal Place of Business

1311 Jackson Bluffe

3. Mailing Address

P.O. Box 20438

04272004

Chg-P

CR2E034 (10/03)

City & State

Tallahassee FL 32304

City & State

Tallahassee FL

Zip  
32304

Country  
USA

Zip

32316

Country  
USA

4. FEI Number  
59-3718629

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MANAUSA, DANIEL E  
3520 THOMASVILLE RD, 4TH FLOOR  
TALLAHASSEE, FL 32308

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME KASPER, JOSH DAVID  
STREET ADDRESS P.O. BOX 20438  
CITY-ST-ZIP TALLAHASSEE, FL 32316

TITLE D ☐ Delete  
NAME GONZALEZ, PETER  
STREET ADDRESS P.O. BOX 20438  
CITY-ST-ZIP TALLAHASSEE, FL 32316

TITLE D ☐ Delete  
NAME GONZALEZ, MINERVA  
STREET ADDRESS PO BOX 20438  
CITY-ST-ZIP TALLAHASSEE, FL 32316

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME 600035780636  
STREET ADDRESS 05/07/04--01094--004 \*\*150.00  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04

Date

850-222-9176

Daytime Phone #