## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 05, 2005 8:00 am Secretary of State

06-13-2005 90003 026 \*\*\*150 00

DOCUMENT # P01000029525  1. Entity Name K. C. ENTERPRISES; INC.							06-13-200	5 90003 026 **	*150.00	
Principal Place of Business Mailing Address  1515 ATLANTIC BLVD 1515 ATLANTIC BLVD  JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207						66024199				
2. Principal Place of Business  1515 At Lanne Burk Stee  3. Mailing Address  1515 At Lanne Burk Stee  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.										
TACKS City & State	DAVK	ex, FLORIDA		JAZKSKAVILLE, 76. 3220)			Chg-P	<u> </u>	oplied For	
Zip 3220			·	Country			of Status Desired	S8.75 Add		
	6. Name	and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent					
DAVID P. BARLEY. SR. CPA 4887 BELFORT RD. SUITE 201 JACKSONVILLE, FL 32256						Street Address (P.D. Box Number is Not Acceptable) C/O K.C. ENTERPRISES  1515 Atlanne BLVA. St. 2				
City JACK						(SONVIC	LR	FL Zp Cod	07	
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.										
12 mills -t 3										
SIGNATURE Signature, typed to princerfarms of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-resisting)  DATE										
FILE NOWIII FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be Added to Fees corporation did not receive the prior r										
10.		OFFICERS AND I	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
THILE	P Delete							☐ Change	Addition	
NAME STREET ADDRESS	CHRISTEN, KIMBERLY 1515 ATLANTIC BLVD.				E Et adoress					
CITY-ST-ZIP		NVILLE, FL 32207			-ST-21P					
TITLE			Delete	TITL				☐ Change	Addition	
NAME STREET ADORESS	s			NAM STRE	ET ADORESS				-	
CITY-ST-#P				CITY	-S1-ZIP					
MILE			Delete	TITU	į.			☐ Change	☐ Addition	
NAME Street address					ET ADORESS					
CHTY-ST-21P				CITY	-ST-ZIP					
TITLE		<del></del>	Delete	IIIL			<del> </del>	Chenge_	Addition	
STREET ADDRESS					ET ADDRESS					
CITY-ST-ZIP	ļ				-51-ZIP	····-				
TITLE NAME	1		Delete	†JTLI Nam	I .			Change	Addition	
STREET AUDRESS	1				ET ADDRESS					
CITY-SI-ZIP				CITY	-ST-ZIP					
TITLE NAME			Delete	FITL	- 1			☐ Change	☐ Addition	
STREET ADDRESS					ET ADDRESS					
CITY-ST-DP	<u></u> _	·····		CITY	-51-ZIP		·			
12. I hereby certify that the information supplied with this filling 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 suppliemental 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 if Block 10 if changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: SIGNATURE: SIGNATURE OF SIGNAL DEFECTION OF SIGNAL DEFE										

ATTACHMENT

June 29th, 2005

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Attn: Annual Reports Section

Please find enclosed my application that was returned to me for late filing. I seem to recall when on line pulling up the form that if there was a change of Registered Agent that the penalty would be waived.

Please see where I have listed myself as my own registered agent and see where David Barley, my previous CPA is no longer.

I would very much appreciate your acceptance of my annual report document and make the necessary changes. I did change the registered agent information on my original document submitted.

I am a very small business and \$400. is quite a penalty to pay.

I thank you in advance for your consideration.

Sincerely,

Kimberly S. Christen