

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90142 028 ***150.00

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1. Entity Name

K. C. ENTERPRISES, INC.



Principal Place of Business

1515 ATLANTIC BLVD
JACKSONVILLE FL 32207

Mailing Address

1515 ATLANTIC BLVD
JACKSONVILLE FL 32207



2. Principal Place of Business

1515 Atlantic Blvd
Suite, Apt. #, etc.
2

3. Mailing Address

Same
Suite, Apt. #, etc.

City & State

JACKSONVILLE, Florida
32207

City & State

Zip
Country

4. FEI Number

52-2309389

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

CHRISTEN, KIMBERLY
1515 ATLANTIC BLVD., SUITE 2
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent

Name

Kimberly Christen

Street Address (P.O. Box Number is Not Acceptable)

c/o K.C. Enterprises

City

1515 Atlantic Blvd. Ste 2

FL

Zip Code

32207

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

March 22 - 2006

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 P
NAME CHRISTEN, KIMBERLY
STREET ADDRESS 1515 ATLANTIC BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #