

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90018 009 ***150.00

DOCUMENT # P01000042415

1. Entity Name

K.N.G. SEASONS INC.

K.N.G. Seasons Inc.



Principal Place of Business

874 W LANCASTER RD
ORLANDO FL 32809

Mailing Address

874 W LANCASTER RD
ORLANDO FL 32809

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

874 W. Lancaster Rd

Suite, Apt. #, etc.

3. Mailing Address

874 W. Lancaster Rd

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/06)

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3720699

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALSEIRO-GOMEZ, NORA
874 W LANCASTER RD
ORLANDO FL 32809

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, 2007 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	D	<input type="checkbox"/> Delete
NAME	BALSEIRO-GOMEZ, NORA	
STREET ADDRESS	874 W LANCASTER RD	
CITY- ST- ZIP	ORLANDO FL 32809	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOMEZ, GONZALO E	
STREET ADDRESS	874 W LANCASTER RD	
CITY- ST- ZIP	ORLANDO FL 32809	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOMEZ, KATHERINE N	
STREET ADDRESS	874 W LANCASTER RD	
CITY- ST- ZIP	ORLANDO FL 32809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *Nora Balseiro-Gomez* *Nora Balseiro-Gomez March 30/07 407-888-4771*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #