


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90027 043 \*\*\*150.00

**DOCUMENT # P01000063501**

1. Entity Name  
**KC-54, INC.**



Principal Place of Business      Mailing Address  
**26190 MIRA WAY**      **26190 MIRA WAY**  
**BONITA SPRINGS FL 34134**      **BONITA SPRINGS FL 34134**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**43-1620443**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

1st MOORE      CR2E034 (10/07)

6. Name and Address of Current Registered Agent

**CLASP INC.**  
**3001 TAMiami TRAIL N. 4TH FLOOR**  
**NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name      **DOUGLAS C. MEHLE**

Street Address (P.O. Box Number is Not Acceptable)  
**26190 MIRA WAY**

City      State      Zip Code  
**Bonita Springs**      **FL**      **34134**

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      *Douglas C Mehle*      PRES. **DOUGLAS C MEHLE**      **3/8/08**

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, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State.**

9. Election Campaign Financing      **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MEHLE, DOUGLAS C</b>	
STREET ADDRESS	<b>26190 MIRA WAY</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34134</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MEHLE, LYNETTE J</b>	
STREET ADDRESS	<b>26190 MIRA WAY</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34134</b>	
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		
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		

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: *Douglas C Mehle*      PRES. **DOUGLAS C MEHLE**      **3/8/08**      **2394955923**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #