# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Jan 28, 2005 08:00 AM**
**Secretary of State**

DOCUMENT # P01000065800

1. Entity Name
KVL ENTERPRISES, INC.

Principal Place of Business
5380 GULF OF MEXIOCO DR, STE 105
LONGBOAT KEY FL 34228

Mailing Address
5380 GULF OF MEXIOCO DR, STE 105
LONGBOAT KEY FL 34228

1st MOORE CR2E034 (10/04)

2. Principal Place of Business
Suite, Apt. #, etc
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-1118186 ☐ Applied For ☐ Not Applicab

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRITTON, ANDREW J ESQUIRE
151 CENTER RD
VENICE FL 34292

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 accep 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, 2005 Fee Will Be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May B Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | D | ☐ Delete |
| NAME | CONLON, KENNETH | |
| STREET ADDRESS | 5380 GULF OF MEXICO DR STE 105 | |
| CITY-ST-ZIP | LONGBOAT KEY FL 34228 | |
| TITLE | D | ☐ Delete |
| NAME | CONLON, BARBARA | |
| STREET ADDRESS | 5380 GULF OF MEXIOCO DR, STE 105 | |
| CITY-ST-ZIP | LONGBOAT KEY FL 34228 | |
| TITLE | | ☐ Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|---|---|---|
| TITLE | ~~U000000201361~~ ~~01/25/05-80015-004 150.00~~ | ☐ Change ☐ Addit |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | U000000201362 01/28/05-80065-004 150.00 | ☐ Change ☐ Addit |
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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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Kenneth P. Conlon 1-19-2005 (941) 383-8989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #