

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000085769

1. Entity Name
K.C. A/C, INC.



FILED
04 JUN 10 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5382 BLACK PINE DR
TAMPA, FL 33624

Mailing Address
5382 BLACK PINE DR
TAMPA, FL 33624

2. Principal Place of Business

3736 CYPRESS MEADOWS RD
Suite, Apt. #, etc.

3. Mailing Address

3736 CYPRESS MEADOWS RD
Suite, Apt. #, etc.



04212004 Chg-P CR2E034 (10/03)

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
59-3741910

Applied For
Not Applicable

Zip
33624

Country
USA

Zip
33624

Country
USA

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

6. Name and Address of Current Registered Agent

LYONS, ROBERT
9403 N ARMENIA AVE
TAMPA, FL 33612

7. Name and Address of New Registered Agent

Name
WENDY CORLETT

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

204 CRYSTAL GROVE BLVD.

City
LUTZ

FL Zip Code
33548

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

Wendy Corlett

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

(NOTE: Registered Agent signature required when reinstating)

6/1/04

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CASEY, DAVID
5382 BLACK PINE DR.
TAMPA, FL 33624 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500038022255
06/16/04--01052--021 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Casey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/04

DATE

Daytime Phone #