

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90098 003 \*\*\*150.00

<b>DOCUMENT # P01000109575</b> 1. Entity Name <b>KEC CONSULTING, INC.</b>			
Principal Place of Business <b>8 SOUTH FORT HARRISON CLEARWATER, FL 33756</b>		Mailing Address <b>8 SOUTH FORT HARRISON AVE CLEARWATER, FL 33756</b>	
2. Principal Place of Business - No P.O. Box # <b>21150 Trilby Cemetery Rd.</b>		3. Mailing Address <b>21150 Trilby Cemetery Road</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Dade City, FL</b>		City & State <b>Dade City, FL</b>	
Zip <b>33523</b>		Zip <b>33523</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3756438</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CLINE, KEVIN 8 SOUTH FORT HARRISON AVE CLEARWATER, FL 33756	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>21150 Trilby Cemetery Road Dade City, FL 33523</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES CLINE, KATHY A TRES 8 SOUTH FORT HARRISON AVE CLEARWATER, FL 33756	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>21150 Trilby Cemetery Road Dade City, FL 33523</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>3/30/07</b> Daytime Phone # <b>727-638-5401</b>	