

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000112604

1. Entity Name
KRC PROPERTY, INC.



Principal Place of Business
11635 NW 1ST AVE.
GAINESVILLE, FL 32607

Mailing Address
11635 NW 1ST AVE.
GAINESVILLE, FL 32607

FILED
04 MAR 16 AM 8:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B/c



01212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3759511

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CURTIS, JOHN M
11635 NW 1ST AVE.
GAINESVILLE, FL 32607

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00**

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
D
CURTIS, JOHN M
11635 NW 1ST AVE.
GAINESVILLE, FL 32607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RHODEN, THOMAS R
515 S. 6TH ST.
MACCLENLY, FL 32063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KNABB, TODD L
7436 WOODLAWN RD.
MACCLENLY, FL 32063

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

200031860932
04/06/04--01022--030 **158.75

**DO NOT WRITE
IN THIS SPACE**

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.

John M. Curtis
President

2/17/04

352-332-0838

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #