
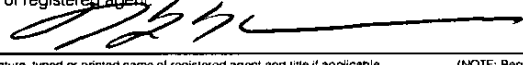
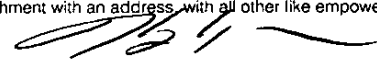


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90205 033 ***150.00

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		
2. Principal Place of Business - No P.O. Box # 515 South 6th Street		3. Mailing Address 7436 Woodlawn Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Maccleddy, FL		City & State Maccleddy, FL		4. FEI Number 59-3759511	
Zip 32063		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CURTIS, JOHN M 11635 NW 1ST AVE. GAINESVILLE, FL 32607		7. Name and Address of New Registered Agent Name Terrence M. Brown, PA Street Address (P.O. Box Number is Not Acceptable) 486 North Temple Avenue City Starke, FL Zip Code 32091			
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  DATE 2/27/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CURTIS, JOHN M <input checked="" type="checkbox"/> Delete 11635 NW 1ST AVE. GAINESVILLE, FL 32607		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Knabb, Todd L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7436 Woodlawn Road Maccleddy, FL 32063	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RHODEN, THOMAS R <input type="checkbox"/> Delete 515 S. 6TH ST. MACCLEDDY, FL 32063		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KNABB, TODD L <input checked="" type="checkbox"/> Delete 7436 WOODLAWN RD. MACCLEDDY, FL 32063		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Knabb, Lisa W. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7436 Woodlawn Road Maccleddy, FL 32063	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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.					
SIGNATURE:  DATE 2/27/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					