

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P02000021205**

1. Entity Name  
**SIX TWENTY-THREE SIERRA KILO, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**05 SEP -7 AM 8:52**

Principal Place of Business

**3640 AIRPORT ROAD  
BUILDING 12 - #1A  
BOCA RATON, FL 33431 US**

Mailing Address

**P.O. BOX 811987  
BOCA RATON, FL 33481-1987 US**

**DO NOT WRITE IN THIS SPACE**



09062005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**27-0006898**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KINSEY, JOHN T  
P.O. BOX 811987  
BOCA RATON, FL 33481-1987**

**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 \$550.00  
Due by September 7, 2005**

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/D  
KINSEY, JOHN T  
P.O. BOX 811987  
BOCA RATON, FL 334811987**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**400059813744  
09/21/05--01016--007 \*\*550.00**

**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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John T. Kinsey* **John T. Kinsey** **9-505 5612898552**