

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90052 022 \*\*\*150.00

**DOCUMENT # P02000069731**

1. Entity Name

KC FLOOR COVERING INC.



Principal Place of Business

7543 BERWICK ST.  
NORTH PORT FL 34287  
US

Mailing Address

7543 BERWICK ST.  
NORTH PORT FL 34287  
US

30010679



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

3880 Woodmere PK Blvd

3880 Woodmere PK Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1

#1

City & State

City & State

Venice FL

Venice FL

4. FEI Number

32-0019869

Applied For

Not Applicable

Zip

Country

Zip

Country

34293

USA

34293

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATKINS, KELLY J  
7543 BERWICK ST  
NORTH PORT FL 34287

Name

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

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME WATKINS, KELLY J  
STREET ADDRESS 7543 BERWICK ST  
CITY-ST-ZIP NORTH PORT FL 34287

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

TITLE P ☐ Delete  
NAME ANTON, CAREY A  
STREET ADDRESS 7543 BERWICK ST.  
CITY-ST-ZIP NORTH PORT FL 34287

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

1-30-05

941 780-8966

Date

Daytime Phone #