

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90457 019 \*\*\*150.00

**DOCUMENT # P02000095921**

1. Entity Name  
**K.V.P.K.F., INC.**



Principal Place of Business  
**17 LAKESIDE DRIVE  
PENSACOLA, FL 32507**

Mailing Address  
**C/O BASS AND SANDFORT ACCOUNTANTS  
1301 WEST GARDEN STREET  
PENSACOLA, FL 32501**

4001100



04192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>30-0103673</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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

**BASS AND SANDFORT ACCOUNTANTS, P.A.  
BASS AND SANDFORT ACCOUNTANTS, PA  
1301 WEST AGRDEN STREET  
PENSACOLA, FL 32501-4504**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PSTD
NAME	FOX, KATHRYN V
STREET ADDRESS	17 LAKESIDE DRIVE
CITY - ST - ZIP	PENSACOLA, FL 32507
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

*Temporary change of address*  
*K. Fox*  
*512 N. 9th Ave.*  
*Pensacola, FL 32501*

**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:**

*Kathryn V. Fox* (KATHRYN V. FOX)

*4-27-05*

*1-850-438-9988*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #