# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 03, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # P02000106713

1. Entity Name
KC MANAGEMENT INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5946 MARTIN LUTHER KING DRIVE<br>JACKSONVILLE, FL 32219 | 5946 MARTIN LUTHER KING DRIVE<br>JACKSONVILLE, FL 32219 |

**DO NOT WRITE IN THIS SPACE**

04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
57-1135139
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, KEITH
5946 MARTIN LUTHER KING DRIVE
JACKSONVILLE, FL 32219

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing)

**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 | COO |
| NAME | BROWN, CAROLYN |
| STREET ADDRESS | 6407 HUGHES ST. |
| CITY-ST-ZIP | JACKSONVILLE, FL 32219 |
| TITLE | P |
| NAME | BROWN, KEITH |
| STREET ADDRESS | 5946 MARTIN LUTHER KING DRIVE |
| CITY-ST-ZIP | JACKSONVILLE, FL 32219 |
| TITLE | VP |
| NAME | BROWN, REGINALD |
| STREET ADDRESS | 6407 HUGHES ST. |
| CITY-ST-ZIP | JACKSONVILLE, FL 32219 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** Carolyn Brown 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #