(At

FILED
May 01, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000106713

1. Entity Name
KC MANAGEMENT INC.

Principal Place of Business	Mailing Address
5946 MARTIN LUTHER KING DRIVE JACKSONVILLE, FL 32219	5946 MARTIN LUTHER KING DRIVE JACKSONVILLE, FL 32219

DO NOT WRITE IN THIS SPACE

04252006 No Chg-P CR2E034 (11/05)

4. FEI Number
57-1135139

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

6. 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, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000548306
05/12/06-80058-025 150.00

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	

DO NOT WRITE IN THIS SPACE

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: Keith Brown Keith Brown 4/28/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #