

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000029545

Entity Name: KAB & RCD MANAGEMENT, INC.

FILED
Sep 06, 2005
Secretary of State

Current Principal Place of Business:

812 TAMIAMI TRAIL, STE 3
PORT CHARLOTTE, FL 33953

New Principal Place of Business:

8342 SHADOW PINE WAY
SARASOTA, FL 34238

Current Mailing Address:

812 TAMIAMI TRAIL, STE 3
PORT CHARLOTTE, FL 33953

New Mailing Address:

8342 SHADOW PINE WAY
SARASOTA, FL 34238

FEI Number: 65-1176539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLBOW, ROBERT C
812 TAMIAMI TRAIL, STE 3
PORT CHARLOTTE, FL 33953 US

Name and Address of New Registered Agent:

DOLBOW, ROBERT C
8342 SHADOW PINE WAY
SARASOTA, FL 34238 US

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.

SIGNATURE: ROBERT C. DOLBOW

09/06/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: BOWER, KELLY A
Address: 812 TAMIAMI TRAIL, STE 3
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: DVS () Delete
Name: DOLBOW, ROBERT C
Address: 812 TAMIAMI TRAIL, STE 3
City-St-Zip: PORT CHARLOTTE, FL 33953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: BOWER, KELLY A
Address: 8342 SHADOW PINE WAY
City-St-Zip: SARASOTA, FL 34238

Title: DVS (X) Change () Addition
Name: DOLBOW, ROBERT C
Address: 8342 SHADOW PINE WAY
City-St-Zip: SARASOTA, FL 34238

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY A. BOWER

DPT

09/06/2005

Electronic Signature of Signing Officer or Director

Date