


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90448 026 \*\*\*150.00

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # P03000050281</b><br>1. Entity Name<br><b>KVG FLORIDA REALTY, INC.</b>   |  |   |  |   |  |
| Principal Place of Business<br><b>3000 PLACIDA ROAD<br/>ENGLEWOOD FL 34224</b>  |  |   | Mailing Address<br><b>3000 PLACIDA ROAD<br/>ENGLEWOOD FL 34224</b> |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |  |  |  |
| City & State  |  | City & State                                  |  |  |  |
| Zip   | Country  | Zip   | Country  |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>VAN GIESON, KRISS<br/>3000 PLACIDA ROAD<br/>ENGLEWOOD FL 34224</b>   |  |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.   |  |   |  | 4. FEI Number<br><b>27-0057133</b>   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>   |  |   |  | <b>\$8.75 Additional<br/>Fee Required</b>  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |   |  | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PCEO<br>VAN GIESON, KRISS<br>3000 PLACIDA ROAD<br>ENGLEWOOD FL 34224 |   | <input type="checkbox"/> Delete                                    |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| 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. |  |   |  |  |  |
| <b>SIGNATURE:</b> <i>Kris Van Gieson</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | Date <b>4/16/04</b> Daytime Phone # <b>(941) 697-9400</b>          |  |  |



MOORE CR2E034 (11/03)