

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90208 022 ***150.00

DOCUMENT # P03000061251 1. Entity Name K.O.S. PUBLISHING INC.					
Principal Place of Business 7220 SOUTH US 1 PORT SAINT LUCIE, FL 34952			Mailing Address 741 N.E. EASTLAKE STREET PORT ST. LUCIE, FL 34983		
2. Principal Place of Business 7230 S. US #1 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State PORT ST LUCIE, FL		City & State 		4. FEI Number 05-0578536	
Zip 34952		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIN-YOUNG, LEONARD JR. 741 N.E. EASTLAKE STREET PORT ST. LUCIE, FL 34983				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHIN-YOUNG, JENNIFER 741 NE EASTLAKE STREET PORT SAINT LUCIE, FL 34983 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD CHIN-YOUNG, LEONARD JR 741 NE EASTLAKE STREET PORT SAINT LUCIE, FL 34983 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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: Leonard Chin-Young, Jr <div style="display: flex; justify-content: space-between;"> Secretary 4/24/05 (720) 285-8185 </div>					