

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90208 006 ***150.00

DOCUMENT # P03000065549

1. Entity Name
KB DEVELOPMENT GROUP, INC.



Principal Place of Business
1700 NORTH WEST 64 STREET
SUITE 300
FORT LAUDERDALE, FL 33309 US

Mailing Address
1700 NORTH WEST 64 STREET
SUITE 300
FORT LAUDERDALE, FL 33309 US

94070495



2. Principal Place of Business

3. Mailing Address

01072004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0471682

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIDWELL, BYRON & COMPANY
1700 NORTH WEST 64 STREET
SUITE 300
FORT LAUDERDALE, FL 33309

Name
K. BOWEN GILLESPIE

Street Address (P.O. Box Number is Not Acceptable)

SUITE 306

1515 SOUTH FEDERAL HIGHWAY

City
DADE COUNTY

FL

Zip Code

33432

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
KIDWELL, J. KEITH
1700 NORTH WEST 64 STREET, SUITE 300
FORT LAUDERDALE, FL 33309 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
LEON, FRAZIER
1700 NORTH WEST 64 STREET
FORT LAUDERDALE, FL 33309 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-04

Date

(954) 771-1212

Daytime Phone #