

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000065834

1. Entity Name

KD JACKSONVILLE 1034, INC.



Principal Place of Business

3333 NEW HYDE PARK ROAD
NEW HYDE PARK NY 11042

Mailing Address

3333 NEW HYDE PARK ROAD
NEW HYDE PARK NY 11042

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number 20-0050334

Applied For
Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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 retreating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME KIMMEL, MARTIN S
STREET ADDRESS 3333 NEW HYDE PARK ROAD
CITY- ST- ZIP NEW HYDE PARK NY 11042

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP 000000351813
05/03/05-80002-019 150.00

TITLE D ☐ Delete
NAME COOPER, MILTON
STREET ADDRESS 3333 NEW HYDE PARK ROAD
CITY- ST- ZIP NEW HYDE PARK NY 11042

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D ☐ Delete
NAME FLYNN, MICHAEL
STREET ADDRESS 3333 NEW HYDE PARK ROAD
CITY- ST- ZIP NEW HYDE PARK NY 11042

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE VP ☐ Delete
NAME SCHINDLER, MICHAEL
STREET ADDRESS 3333 NEW HYDE PACE ROAD
CITY- ST- ZIP NEW HYDE PARK NY 11042

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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

4-27-05

51686994

Date

Daytime Phone #