

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000085811

Entity Name: K SWEET, INC.

FILED  
Aug 27, 2007  
Secretary of State

## Current Principal Place of Business:

902 W GIBSON ST.  
ARCADIA, FL 34266

## New Principal Place of Business:

5308 NE MASTERS AVE  
ARCADIA, FL 34266

## Current Mailing Address:

PO BOX 1394  
ARCADIA, FL 34265

## New Mailing Address:

FEI Number: 16-1682375

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BONVILLE, PATRICIA A  
902 W GIBSON ST  
ARCADIA, FL 34266 US

## Name and Address of New Registered Agent:

BONVILLE, PATRICIA A  
5308 NE MASTERS AVE  
ARCADIA, FL 34266 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: PATRICIA BONVILLE

08/27/2007

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: D ( ) Delete  
Name: KILLMON, OTHO T  
Address: 2303 SE CESSNA DRIVE  
City-St-Zip: ARCADIA, FL 34266 US

Title: D ( ) Delete  
Name: KILLMON, THOMAS L  
Address: 902 W. GIBSON STREET  
City-St-Zip: ARCADIA, FL 34266 US

Title: D ( ) Delete  
Name: BONVILLE, PATRICIA A  
Address: 902 W GIBSON STREET  
City-St-Zip: ARCADIA, FL 34266 US

Title: D (X) Delete  
Name: KILLMON, ROBERT L  
Address: 902 W. GIBSON STREET  
City-St-Zip: ARCADIA, FL 34266 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: KILLMON, ROBERT L  
Address: 5308 NE MASTERS AVE  
City-St-Zip: ARCADIA, FL 34266 US

Title: D (X) Change ( ) Addition  
Name: KILLMON, THOMAS L  
Address: 2303 SE CESSNA DR  
City-St-Zip: ARCADIA, FL 34266 US

Title: D (X) Change ( ) Addition  
Name: BONVILLE, PATRICIA A  
Address: 5308 NE MASTERS AVE  
City-St-Zip: ARCADIA, FL 34266 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PATRICIA BONVILLE

SEC

08/27/2007

Electronic Signature of Signing Officer or Director

Date