## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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ANNUAL REPORT

DOCUMENT # P03000088842

1. Entity Name KG & ASSOCIATES, INC.



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

12030 TUSCANY BAY DR APT 102 TAMPA, FL 33635 Mailing Address

P.O. BOX 261763 TAMPA, FL 33685



02212007

No Chg-P

CR2E034 (11/05)

4. FEI Number 03-0528013

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILBERT, KELVIN R 12030 TUSCANY BAY DR APT 102 TAMPA, FL 33635

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<ol><li>The above named entity submits this statement for the purpose of the obligations of registered agent.</li></ol>	of changing its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE: Registered Agent stoneture required when reinstalling)	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000741486 05/15/07-80029-024 150.00

10. OFFICERS AND DIRECTORS TITLE NAME GILBERT, KELVIN R STREET ADDRESS PO BOX 261763 CITY-ST-ZIP **TAMPA, FL 33685** TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 tripstee 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07 Date 3)601-1001

Daytime Phone #