

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

06-09-2008 90001 040 ***150.00

DOCUMENT # P03000090832

1. Entity Name
K, F & SH, INC.



Principal Place of Business

**4720 SW 15TH AVE., SUITE 213
CAPE CORAL, FL 33904**

Mailing Address

**4720 SW 15TH AVE., SUITE 213
CAPE CORAL, FL 33904**

40107908

2. Principal Place of Business - No P.O. Box #

**17111 SHELBY LANE
Suite, Apt. #, etc.
N. Ft. MYERS FL
City & State**

3. Mailing Address

**PO Box 7125
Suite, Apt. #, etc.
Ft. MYERS FL
City & State**

06022008

Chg-P

CR2E034 (12/06)

4. FEI Number

57-1189828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip
33917

Country
LEE

Zip
33911

Country
LEE

6. Name and Address of Current Registered Agent

**HAYWOOD, STEPHEN W
4720 SW 15TH AVE., SUITE 213
CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent

Name **KIMBERLEY LEVY**

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

17111 SHELBY LANE

City **N. Ft. MYERS**

FL

Zip Code
33917

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

KIMBERLEY A LEVY 052808

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LEVY, KIMBERLY**
STREET ADDRESS **4720 SW 15TH AVE., SUITE 213**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE **D** ☒ Delete
NAME **HAYWOOD, STEPHEN W**
STREET ADDRESS **4720 SW 15TH AVE., SUITE 213**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **17111 SHELBY LANE**
CITY-ST-ZIP **N. Ft. MYERS FL 33917**

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

TITLE ☐ Change ☐ Addition
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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 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 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

KIMBERLEY A LEVY 052808 2398265606

Date

Daytime Phone #