

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90204 041 ***150.00

DOCUMENT # P03000135951

1. Entity Name

K. MOREY EQUIPMENT, INC.



Principal Place of Business

~~1230 27TH ST N~~ 5190 Betty St. N.
SAINT PETERSBURG FL ~~33713~~
St. Petersburg, FL 33709

Mailing Address

~~1230 27TH ST N~~ 5190 Betty St. N.
SAINT PETERSBURG FL ~~33713~~
St. Petersburg, FL 33709



2. Principal Place of Business

5190 Betty St. N.

3. Mailing Address

5190 Betty St. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

20-0412518

Applied For

Not Applicable

Zip

33709

Country

Arnellas

Zip

33709

Country

Arnellas

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

MOREY, KEVIN
~~1230 27TH ST N~~ 5190 Betty St. N.
SAINT PETERSBURG FL ~~33713~~ 33709

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MOREY, KEVIN
STREET ADDRESS ~~1230 27TH ST N~~ 5190 Betty St. N.
CITY-ST-ZIP SAINT PETERSBURG FL ~~33713~~ 33709

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Section 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

Date

Daytime Phone #

3-30-06