

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90022 036 ***150.00

DOCUMENT # P03000143251

1. Entity Name

M. K. KIFF & CO., INC.



Principal Place of Business

196 MAIN AVENUE SOUTH
MONTICELLO FL 32344

Mailing Address

196 MAIN AVENUE SOUTH
MONTICELLO FL 32344

2. Principal Place of Business

2634 Heathrow Dr. Suite, Apt. #, etc.

3. Mailing Address

2634 Heathrow Dr. Suite, Apt. #, etc.

City & State

Tallahassee

City & State

FL 32312

Zip Country
32312 USA

Zip Country

4. FEI Number

20-0443229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

JOHNSON, BARRETT G
1020 E LAFAYETTE ST
SUITE 110
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

TITLE MR. ☐ Delete
NAME KIFF, MICHAEL K PRES.
STREET ADDRESS 196 MAIN AVE. S.
CITY-ST-ZIP MONTICELLO FL 32344

TITLE MRS. ☐ Delete
NAME KIFF, CHRISTINE M SECRETA
STREET ADDRESS 196 MAIN AVE.S.
CITY-ST-ZIP MONTICELLO FL 32344

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 2634 Heathrow Dr.
CITY-ST-ZIP TALLAHASSEE, FL 32312

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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

1/31/04

850 893 6500

Date

Daytime Phone #