

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90072 010 \*\*\*150.00

DOCUMENT # P03000143251

1. Entity Name

M. K. KIFF & CO., INC.



Principal Place of Business

2634 HEATHROW DR  
TALLAHASSEE FL 32312

Mailing Address

2634 HEATHROW DR  
TALLAHASSEE FL 32312

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

1220 Conservancy Dr E.  
Suite, Apt. #, etc.

3. Mailing Address

SAME  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)



City & State

Tallahassee

City & State

FL 32312

4. FEI Number 20-0443229

Applied For

Not Applicable

Zip 32312

Country USA

Zip 32312

Country LEON

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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

1011 MR. ☐ Delete  
NAME KIFF, MICHAEL K PRES.  
STREET ADDRESS 2634 HEATHROW DR  
CITY ST ZIP TALLAHASSEE FL 32312

1012 MRS. ☐ Delete  
NAME KIFF, CHRISTINE, SECRET A  
STREET ADDRESS 2634 HEATHROW DR  
CITY ST ZIP TALLAHASSEE FL 32312

1013 ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

1014 ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

1015 ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

1016 ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

1101 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

1102 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

1103 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

1104 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

1105 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

1106 ☐ 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 #

4/24/07 893 6500