

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90109 044 ***150.00

DOCUMENT # P03000153230

1. Entity Name
K & K FINISHED CARPENTRY, INC.



Principal Place of Business
**2252 S. CHAMBERLAIN BLVD.
NORTH PORT, FL 34286**

Mailing Address
**2252 S. CHAMBERLAIN BLVD.
NORTH PORT, FL 34286**

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2. Principal Place of Business - No P.O. Box #
1611 Zuyder Terrace

3. Mailing Address
1611 Zuyder Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007 Chg-P CR2E034 (12/06)

City & State
North Port, FL 34287

City & State
North Port, FL 34287

4. FEI Number
37-1480936

Applied For
Not Applicable

Zip
34287

Country

Zip
34287

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KIFYUK, VASILY
2252 S. CHAMBERLAIN BLVD.
NORTH PORT, FL 34286**

Name

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

1611 Zuyder Terrace

City
North Port

FL Zip Code
34287

7. Name and Address of New Registered Agent

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

01.13.07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PT
KIFYUK, VASILY
2252 S CHAMBERLAIN BLVD
NORTH PORT, FL 34286**

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**1611 Zuyder Terrace
North Port FL 34287**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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

13.01.07

Date

Daytime Phone #