

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90004 006 ***150.00

DOCUMENT # P03000155458

1. Entity Name

KOKOMO KEY PROPERTIES, INC.



Principal Place of Business

4609 N.W. 6TH STREET B-3
GAINESVILLE, FL 32609 US

Mailing Address

4609 N.W. 6TH STREET B-3
GAINESVILLE, FL 32609 US

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

1325 N.W. 53RD AVENUE

Suite, Apt. #, etc.

SUITE E

City & State

GAINESVILLE, FL

Zip

32653

Country

USA

3. Mailing Address

1325 N.W. 53RD AVENUE

Suite, Apt. #, etc.

SUITE E

City & State

GAINESVILLE, FL

Zip

32653

Country

USA

02182008

Chg-P

CR2E034 (12/06)

4. FEI Number

01-0808724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHESHIRE, LARRY H
4609 NW 6TH ST B-3
GAINESVILLE, FL 32609

7. Name and Address of New Registered Agent

Name

CHESHIRE, LARRY H.

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

1325 N.W. 53RD AVENUE, STE E

SUITE E

City

GAINESVILLE

FL

Zip Code

32653

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	CHESHIRE, LARRY H	
STREET ADDRESS	4609 N.W. 6TH STREET B-3	
CITY-ST-ZIP	GAINESVILLE, FL 32609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESHIRE, LARRY H.	
STREET ADDRESS	1325 N.W. 53RD AVENUE, STE E	
CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Larry H. Cheshire Feb 18, 2008