


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90051 001 \*\*\*150.00

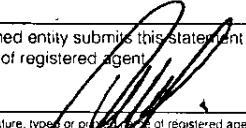
<b>DOCUMENT # P04000036400</b>	
1. Entity Name <b>KOKY CONTRACTOR INC</b>	

Principal Place of Business <b>P O BOX 452642 KISSIMMEE, FL 34745</b>	Mailing Address <b>P O BOX 452642 KISSIMMEE, FL 34745</b>
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2. Principal Place of Business - No P.O. Box # <b>2139 Mountleigh Trail</b>	3. Mailing Address <b>P O BOX 452642</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

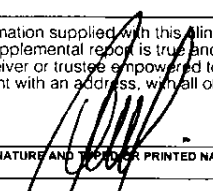
City & State <b>Orlando, FL</b>	City & State <b>Kissimmee, FL</b>
Zip <b>32824</b>	Zip <b>34745</b>
Country <b>USA</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>AGUILAR, JORGE L 2106 WALDEN PARK CIR 102 KISSIMMEE, FL 34744</b>	
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7. Name and Address of New Registered Agent Name <b>Aguilar, Jorge L</b> Street Address (P.O. Box Number is Not Acceptable) <b>2139 Mountleigh Trail</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32824</b>	
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:  DATE: <b>Jan 24/07</b>	
(NOTE: Registered Agent signature required when translating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P AGUILAR, JORGE L 1708 KENYON CRL APT C KISSIMMEE, FL 34741</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Aguilar, Jorge L 2139 Mountleigh Trail Orlando, FL 32824</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date: <b>Jan 24/07</b> Daytime Phone #: <b>407 738 9203</b>
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	