

2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/ FILED
Apr 20, 2005 8:00 am
Secretary of State

04-04-2005 90084 012 ***150.00

DOCUMENT # P04000044060			
1. Entity Name KISS CONSULTING OF SOUTHWEST FLORIDA, INC.			
Principal Place of Business 28 BARKLEY CIRCLE SUITE 2 FORT MYERS, FL 33907 US		Mailing Address 28 BARKLEY CIRCLE SUITE 2 FORT MYERS, FL 33907 US <i>P.O. Box 61717 33906</i>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent GERRY, KAREN E 28 BARKLEY CIRCLE SUITE 2 FORT MYERS, FL 33907		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 resigning) DATE _____			
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OPST GERRY, KAREN E 28 BARKLEY CIRCLE, SUITE 2 FORT MYERS, FL 33907 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Karen E. Gerry</i>		4-15-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	