

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

09-06-2005 90133 011 \*\*\*150.00  
P04000082858

FILED

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1st MOORE CR2E034 (10/04)

<b>DOCUMENT # P04000082858</b>		
1. Entity Name <b>K O FAMILY ENTERPRISE, INC.</b>		

Principal Place of Business <b>616 GARDENS DR 103 POMPANO BEACH FL 33069</b>	Mailing Address <b>616 GARDENS DR 103 POMPANO BEACH FL 33069</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>34-2004192</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MCCLAVE, DEBRA J 616 GARDENS DR 103 POMPANO BEACH FL 33069</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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 MCCLAVE, DEBRA J 616 GARDENS DRIVE #103 POMPANO BEACH FL 33069</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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
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 exemption stated in Section 19.07(3)(i), 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: Debra McClave 8-26-05 954-973-7065  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

616 Gardens Drive, #103  
Pompano Beach, FL 33069

# K O FAMILY ENTERPRISE, INC.

Certified Mail – Return Receipt Requested

October 4, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Reference Number: P04000082858

Dear Sir or Madam:

On September 13, 2005 I received a letter requesting an additional balance due of \$400. I did not receive any paperwork regarding filing until we received the Notice of Intent to Dissolve. After receiving this notice we did comply by sending a \$150 check on September 1, 2005.

Unfortunately I was unaware of the May 1, 2005 deadline for filing. Please see if you can waive the \$400 balance due.

Thank you for your consideration.

Sincerely,



Debra J. McClave

Enclosures

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