

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000141161

Entity Name: KC WORKS, INC.

FILED
May 11, 2005
Secretary of State

Current Principal Place of Business:

15029 HWY 89 N
JAY, FL 32565

New Principal Place of Business:

Current Mailing Address:

15029 HWY 89 N
JAY, FL 32565

New Mailing Address:

FEI Number: 59-3643222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY RD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

COOGLE, FRED K
15029 HIGHWAY 89
JAY, FL 32565 US

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.

SIGNATURE: FRED K. COOGLE

05/11/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: COOGLE, FRED K
Address: 15029 HWY 89 N
City-St-Zip: JAY, FL 32565

Title: DVS () Delete
Name: COOGLE, DEBRA S
Address: 15029 HWY 89 N
City-St-Zip: JAY, FL 32565

Title: AVPD (X) Delete
Name: COOGLE, MICHAEL
Address: 15029 HIGHWAY 89
City-St-Zip: JAY, FL 32565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: COOGLE, FRED K
Address: 15029 HWY 89
City-St-Zip: JAY, FL 32565

Title: DVS (X) Change () Addition
Name: COOGLE, DEBRA S
Address: 15029 HWY 89
City-St-Zip: JAY, FL 32565

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA S. COOGLE

DVS

05/11/2005

Electronic Signature of Signing Officer or Director

Date