## 2007 FOR PROFIT CORPORATION

## Apr 09, 2007 8:00 am Secretary of State ANNUAL REPORT 04-09-2007 90057 020 \*\*\*150.00 DOCUMENT # P04000141956 1. Entity Name KIKEST, INC. Principal Place of Business Mailing Address 40053207 938 CYPRESS LAKES BLVD. 938 CYPRESS LAKES BLVD. TARPON SPRINGS, FL 34688 TARPON SPRINGS, FL 34688 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2624 Heron Cove Lane 2624 Heron Cove Lane Suite, Apt. #, etc Suite, Apt. #, etc 03222007 Cha-P CR2E034 (12/06) City & State City & State 4. FELNumber Applied For Soddy Daisy TN <u>coddy</u> 20-1824952 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U59 7379 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KUTCHINS, BRYAN A 3974 TAMPA RD. Street Address (P.O. Box Number is Not Acceptable) STE. A OLDSMAR, FL 34677 City Zip Code FL 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 prioted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PΠ TITLE ☐ Delete DILE Addition THOMPSON, MARY J NAME NAME 2624 Heron Cove Lane 938 CYPRESS LAKES BLVD. STREET ADDRESS STREET ADDRESS Soddy Daisy, TN 37379 CITY ST-ZIP TARPON SPRINGS, FL 34688 CITY-ST ZIP TITLE ☐ Delete TITLE 🔀 Change ☐ Addition NAME THOMPSON, DAVID C NAME STREET ADDRESS 938 CYPRESS LAKES BLVD. STREET ADDRESS 2624 Heron Cove Land CITY-ST-ZIP TARPON SPRINGS, FL 34688 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY ST ZIP CHY ST ZIP TIFLE ☐ Delete DOF Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP THE Delete TITLE Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED