
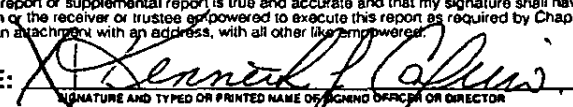


2005 FOR PROFIT CORPORATION ANNUAL REPORT

7/ **FILED**
Sep 12, 2005 8:00 am
Secretary of State

07-07-2005 90007 012 ***150.00

DOCUMENT # P04000150174 1. Entity Name K. C. 'S BASIL'S CHICKEN & RIBS, INC					
Principal Place of Business 10418 OLD GROVE CIRCLE BRADENTON, FL 34212 US			Mailing Address 10418 OLD GROVE CIRCLE BRADENTON, FL 34212 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <div style="font-size: 1.2em; font-family: cursive;">20-0830518</div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GAY, JIM 3984 MANATEE AVE EAST BRADENTON, FL 34208				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAFIERO, KENNETH J 10418 OLD GROVE CIRCLE BRADENTON, FL 34212	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 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 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:  7/4/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66027225



06302005 Chg-P CR2E034 (10/03)



ATTACHMENT

66027225

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 11, 2005

K. C. "S BASIL'S CHICKEN & RIBS, INC
10418 OLD GROVE CIRCLE
BRADENTON, FL 34212 US

Subject: K. C. 'S BASIL'S CHICKEN & RIBS, INC

Reference Number:

P04000150174

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION

ATTACHMENT
jim gay, cpa

66027225

3984 Manatee Avenue East
Bradenton, FL 34208
jimgaycpa.com

Lakewood Ranch
6151 Lake Osprey Drive, #304
Sarasota, FL 34240

Member American Institute
of Certified Public
Accountants

Phone: (941) 747-0588

Fax: (941) 747-2569

Member Florida Institute
of Certified Public
Accountants

September 2, 2005

Department of State
PO Box 1500
Tallahassee, FL 32314

RE: KC's Basil's Chicken & Ribs, Inc
DOC: P04000150174

To whom it may concern,

This letter is to explain the taxpayer's position in this situation; they just received a notice to dissolve their corporation. The taxpayer just formed his corporation at the end of 2003, and did not know what to expect in the area of filing and fees. I know that historically, you send out the first notice in January, and a notice of delinquency if it has not been received by May 1st, but they do not remember seeing any of that at this point. I know you also changed the format in which the forms were sent out, and it seems that quite a few people did not realize that the card was the replacement of the normal UBR form.

Please consider the abatement of the reinstatement fee and accept the payment of \$150.
Thank you for your assistance in this matter.

Sincerely,


Jim Gay, CPA

Acknowledged:
Ken Cafiero

