

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90020 024 ***150.00

DOCUMENT # P05000013549

1. Entity Name
5 K GROUP OF CENTRAL FL., INC.



Principal Place of Business
5274 LAFAYETTE AVE.
SEBRING, FL 33875

Mailing Address
5274 LAFAYETTE AVE.
SEBRING, FL 33875

40063903



01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2229959

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINEGARD, PAMELA A
5274 LAFAYETTE AVE.
SEBRING, FL 33875

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME WINEGARD, PAMELA A
STREET ADDRESS 5274 LAFAYETTE AVE
CITY-ST-ZIP SEBRING, FL 33875

TITLE VP
NAME KIROUAC, SCOTT A
STREET ADDRESS 320 KITE AVE.
CITY-ST-ZIP SEBRING, FL 33872

TITLE S/T
NAME KIROUAC, STEPHEN C
STREET ADDRESS 5825 WOLF LAKE RD.
CITY-ST-ZIP SEBRING, FL 33875

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela A. Winegard

1/28/08 863-385-8383

Date

Daytime Phone #