

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000043729

Entity Name: K C FOOD AND GAS INC

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

454 EAST MAIN STREET
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

454 EAST MAIN STREET
APOPKA, FL 32703

New Mailing Address:

FEI Number: 20-2552453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHIRBAT, SHASHI BALA
454 EAST MAIN STREET
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KHIRBAT, SHASHI BALA
Address: 454 EAST MAIN STREET
City-St-Zip: APOPKA, FL 32703

Title: V () Delete
Name: CHAWLA, AMIT
Address: 1149 SYDNEY POND CIRCLE
City-St-Zip: LAWRENCEVILLE, GA 30045

Title: D () Delete
Name: KHIRBAT, BHARAT BHUSHAN
Address: 571 E ROSEWOOD LANE
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: KHIRBAT, NITIN KUMAR
Address: 571 E ROSEWOOD LANE
City-St-Zip: TAVARES, FL 32278

Title: D () Delete
Name: KHIRBAT, PARVESH KUMAR
Address: 571 E ROSEWOOD LANE
City-St-Zip: TAVARES, FL 32278

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: AMIT CHAWLA

VP

04/21/2009

Electronic Signature of Signing Officer or Director

Date