


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90017 025 \*\*\*150.00

<b>DOCUMENT #</b> P05000047363	
<b>1. Entity Name</b> KSS LEASING, INC.	

<b>Principal Place of Business</b> 3506 WILDBERRY WAY VALRICO FL 33594	<b>Mailing Address</b> P.O. BOX 317 SEFFNER FL 33583
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<b>2. Principal Place of Business - No P.O. Box #</b> 5925 E MLK BLVD Suite, Apt. #, etc. 208	<b>3. Mailing Address</b> 5144 W San Jose St Suite, Apt. #, etc.
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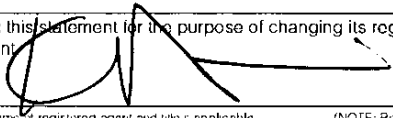
1st MOORE CR2E034 (10/06)

<b>City &amp; State</b> Tampa, FL	<b>City &amp; State</b> Tampa, FL
<b>Zip</b> 33619	<b>Country</b> USA
<b>Zip</b> 33629	<b>Country</b> USA

<b>4. FEI Number</b> 20-2496977	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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<b>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.</b>  SIGNATURE  DATE 1-29-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> PTD	<input type="checkbox"/> Delete	<b>TITLE</b> President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> STEINER, KATHY		<b>NAME</b> KATHY S. STEINER	
<b>STREET ADDRESS</b> 3506 WILDBERRY WAY		<b>STREET ADDRESS</b> 5144 W San Jose St	
<b>CITY - ST - ZIP</b> VALRICO FL 33594		<b>CITY - ST - ZIP</b> Tampa, FL 33629	
<b>TITLE</b> VS	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> SEWARD, KATHERINE		<b>NAME</b>	
<b>STREET ADDRESS</b> 3506 WILDBERRY WAY		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b> VALRICO FL 33594		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.**

<b>SIGNATURE:</b>  - President	<b>Date</b> 1-29-07	<b>Daytime Phone #</b> 8137409100
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		