

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000062209

Entity Name: KCP ASSOCIATES, INC.

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

11401 9TH STREET NORTH
UNIT #1508
ST. PETERSBURG, FL 33716

New Principal Place of Business:

PO BOX 21172
ST. PETERSBURG, FL 33742

Current Mailing Address:

11401 9TH STREET NORTH
UNIT #1508
ST. PETERSBURG, FL 33716

New Mailing Address:

PO BOX 21172
ST. PETERSBURG, FL 33742 US

FEI Number: 20-2753193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PARRISH, RALPH D
11401 9TH STREET NORTH
UNIT# 1508
ST. PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

PARRISH, RALPH D
301 4TH AVENUE NORTH
UNIT# 501
ST. PETERSBURG, FL 33701 US

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: _____

04/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PARRISH, KATIE C
Address: 523 WEST MAPLE, UNIT 2A
City-St-Zip: INDEPENDENCE, MO 64050

Title: DIR () Delete
Name: PARRISH, RALPH D
Address: 11401 9TH STREET NORTH, UNIT 1508
City-St-Zip: ST. PETERSBURG, FL 33716

Title: DIR () Delete
Name: PARRISH, KATIE C
Address: 523 WEST MAPLE, UNIT 2A
City-St-Zip: INDEPENDENCE, MO 64050

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PARRISH, KATIE C P
Address: 15212 EAST 33RD STREET SOUTH
City-St-Zip: INDEPENDENCE, MO 64055 US

Title: DIR (X) Change () Addition
Name: PARRISH, RALPH D
Address: PO BOX 21172
City-St-Zip: ST. PETERSBURG, FL 33742

Title: DIR (X) Change () Addition
Name: PARRISH, KATIE C P
Address: 15212 EAST 33RD STREET SOUTH
City-St-Zip: INDEPENDENCE, MO 64055 US

I hereby certify that the information supplied with this filing does not qualify for the 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: RALPH D PARRISH

DIR

04/17/2006

Electronic Signature of Signing Officer or Director

Date