

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000062209

Entity Name: KCP ASSOCIATES, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

301 4TH AVENUE NORTH
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

PO BOX 21172
ST. PETERSBURG, FL 33742 US

New Mailing Address:

FEI Number: 20-2753193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARRISH, RALPH D
301 4TH AVENUE NORTH
UNIT# 501
ST. PETERSBURG, FL 33701 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: PARRISH, KATIE C P
Address: 15212 EAST 33RD STREET SOUTH
City-St-Zip: INDEPENDENCE, MO 64055 US

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

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

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:

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: RALPH D PARRISH

DIR

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date