

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90045 021 ***150.00

DOCUMENT # P05000112485

1. Entity Name

KGW SERVICES, INC.



Principal Place of Business

4765 N. SEMINOLE AVE.
WINTER PARK FL 32792

Mailing Address

4765 N. SEMINOLE AVE.
WINTER PARK FL 32792



2. Principal Place of Business - No P.O. Box #

4270 Aloma Ave

3. Mailing Address

P.O. Box 941A

Suite, Apt. #, etc.

Suite 124

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Marion, FL

Zip

32792

Country

USA

Zip

32794

Country

USA

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-4226516

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILDER, KENNETH
4765 N. SEMINOLE AVE.
WINTER PARK FL 32792

4270 Aloma Ave
Suite 124

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 of 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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WILDER, KENNETH	
STREET ADDRESS	4765 N. SEMINOLE AVE.	
CITY- ST- ZIP	WINTER PARK FL 32792	
TITLE	S	<input type="checkbox"/> Delete
NAME	STODDARD, JAMES	
STREET ADDRESS	1624 PONTIAC COURT	
CITY- ST- ZIP	ORLANDO FL 32707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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 an other like empowered.

SIGNATURE:

[Signature]

Kenneth Wilder

3-30-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #