

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90128 046 ***150.00

DOCUMENT # P05000131127

1. Entity Name
KC CONSTRUCTION & RENOVATIONS COMPANY



Principal Place of Business
**1200 NORTH CENTRAL AVE. SUITE 110
KISSIMMEE, FL 34747**

Mailing Address
**1200 NORTH CENTRAL AVE. SUITE 110
KISSIMMEE, FL 34747**

40045279



2. Principal Place of Business - No P.O. Box #
2638 N. Orange Blossom Trl

3. Mailing Address
2638 N. OBT

Suite, Apt. #, etc.
Suite, Apt. #, etc.

03192007 Chg-P CR2E034 (12/06)

City & State
Kissimmee, FL

City & State
Kissimmee, FL

Zip
34744

Country
Osceola

Zip
34744

Country
Osceola

4. FEI Number
20-3511229

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BEDOYA, ORLANDO
1200 NORTH CENTRAL AVE. SUITE 110
KISSIMMEE, FL 34747**

7. Name and Address of New Registered Agent

Name
Luis F. Castano

Street Address (P.O. Box Number is Not Acceptable)
8853 Commodity Circle sk #6

City
Orlando

FL

Zip Code
32819

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 **Luis F. Castano** **Luis F. Castano President** **3/27/07**

Signature, 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
P

NAME
CASTANO, LUIS F

STREET ADDRESS
1200 N CENTRAL AVE STE 110

CITY-ST-ZIP
KISSIMMEE, FL 34747

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
☐ Delete

NAME

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☐ Change ☐ 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 Chapter 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.

SIGNATURE: **Luis F. Castano** **President** **3/27/07** **407-370-6541**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #