

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000020902

Entity Name: K.E.S. CONSULTANTS CORP

FILED
Mar 20, 2007
Secretary of State

Current Principal Place of Business:

822 E SILVER SPRINGS BLVD
OCALA, FL 34470

New Principal Place of Business:

4991 SE 44TH AVE RD
OCALA, FL 34480

Current Mailing Address:

4991 SE 44TH AVE RD
OCALA, FL 34480

New Mailing Address:

335 LOCUST PASS
OCALA, FL 34472

FEI Number: 26-0135797

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRICKLAND, KALA E
4991 S. E. 44TH AVE. RD.
OCALA, FL 34480 US

Name and Address of New Registered Agent:

STRICKLAND, KALA E
335 LOCUST PASS
OCALA, FL 34472 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: KALA STRICKLAND

03/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STRICKLAND, KALA E
Address: 4991 S.E. 44TH AVE. RD.
City-St-Zip: OCALA, FL 34480

Title: S () Delete
Name: STRICKLAND, KALA E
Address: 4991 S.E. 44TH AVE. RD.
City-St-Zip: OCALA, FL 34480

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STRICKLAND, KALA E
Address: 335 LOCUST PASS
City-St-Zip: OCALA, FL 34472

Title: S (X) Change () Addition
Name: STRICKLAND, KALA E
Address: 335 LOCUST PASS
City-St-Zip: OCALA, FL 34472

Title: VP () Change (X) Addition
Name: LYNCH, MICHAEL C
Address: 335 LOUST PASS
City-St-Zip: OCALA, FL 34472

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: KALA STRICKLAND

P

03/20/2007

Electronic Signature of Signing Officer or Director

Date