

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90001 044 ***150.00

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|--|--|---|---|--|--|
| DOCUMENT # P06000072639 1. Entity Name K & C HOLDINGS OF SW FLORIDA, INC. | | | | | |
| Principal Place of Business 3557 PLOVER AVENUE NAPLES, FL 34117 US | | | Mailing Address 3557 PLOVER AVENUE NAPLES, FL 34117 US | | |
| 2. Principal Place of Business - No P.O. Box # 3546 Plover Avenue | | 3. Mailing Address 3546 Plover Avenue | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Naples, FL | | City & State Naples, FL | | 4. FEI Number 20-5456684 | |
| Zip 34117 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent BROCK, WILLIAM C JR. 3557 PLOVER AVENUE NAPLES, FL 34117 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3546 PLOVER AVENUE 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 WILLIAM C. BROCK, JR., Pres. 3/1/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PST <input type="checkbox"/> Delete BROCK, WILLIAM C JR. 3557 PLOVER AVENUE NAPLES, FL 34117 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3546 PLOVER AVENUE | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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: | | WILLIAM C. BROCK, JR. 3/1/2007 239-643-5588 | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | | | |

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