

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90014 003 \*\*\*150.00

**DOCUMENT # P06000107939**

1. Entity Name

KC BROKERAGE, INC.



Principal Place of Business

12021 CACTUS DRIVE  
FORT MYERS FL 33908  
US

Mailing Address

12021 CACTUS DRIVE  
FORT MYERS FL 33908  
US



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

12021 CACTUS DRIVE

Suite, Apt. #, etc.

3. Mailing Address

12021 CACTUS DRIVE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

FT. MYERS FL

Zip

33908

Country

USA

City & State

FT. MYERS FL

Zip

33908

Country

USA

4. FEI Number

20-5405649

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAPLE, KIRSTEN H  
12021 CACTUS DRIVE  
FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name

N/A

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

*Kirsten H. Caple*

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

3-1-07

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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: PST  
NAME: CAPLE, KIRSTEN H  
STREET ADDRESS: 12021 CACTUS DRIVE  
CITY- ST- ZIP: FORT MYERS FL 33908 ☐ Delete

TITLE: VP  
NAME: REHFUSS, PHILLIP C  
STREET ADDRESS: 12021 CACTUS DRIVE  
CITY- ST- ZIP: FORT MYERS FL 33908 ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:   
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:   
NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:   
☐ Change ☐ Addition

TITLE:   
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STREET ADDRESS:   
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NAME:   
STREET ADDRESS:   
CITY- ST- ZIP:   
☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

*Kirsten H. Caple*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-07

Date

239-489-1333

Daytime Phone #