

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000147199

1. Entity Name
KGI PROPERTIES, INC.



Principal Place of Business
920 THIRD AVE
NEW SMYRNA BEACH, FL 32169

Mailing Address
920 THIRD AVE
NEW SMYRNA BEACH, FL 32169



01302008 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2626017

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

KOSMAS, JAMES M
111 LIVE OAK ST
NEW SMYRNA BEACH, FL 32169

**DO NOT WRITE
IN THIS SPACE**

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, 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

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KOSMAS, STEVEN P
STREET ADDRESS 920 THIRD AVE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE STD
NAME KOSMAS, PAUL
STREET ADDRESS 920 THIRD AVE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE VP
NAME KESOCK, FRANK J
STREET ADDRESS 920 THIRD AVE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE V
NAME DUFFY, TRUDY
STREET ADDRESS 920 THIRD AVE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE V
NAME CROFT, J. LANCE
STREET ADDRESS 920 THIRD AVE
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32169

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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03/04/08-80050-006 150.00

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: Trudy Duffy **TRUDY DUFFY** 2/15/08 386-427-6892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #