

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90051 016 ***150.00

DOCUMENT # P16599

1. Entity Name
KY DEVELOPMENT COMPANY OF FLORIDA, INC.



Principal Place of Business
245 BARCLAY CIRCLE
SUITE 1000
ROCHESTER HILLS, MI 48307-4572

Mailing Address
245 BARCLAY CIRCLE
SUITE 1000
ROCHESTER HILLS, MI 48307-4572

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
38-2750692

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YOUNG, RODGER D.
~~2800 NORTH A-1-A~~ 3920 NORTH A-1-A
SUITE 504 401
FORT PIERCE, FL 34949

**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

1-23-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KING, THOMAS E.
STREET ADDRESS 245 BARCLAY CIR S-1000
CITY-ST-ZIP ROCHESTER, MI 48307

TITLE VPT
NAME YOUNG, RODGER D.
STREET ADDRESS 2800 NORTH A-1-A, S-504
CITY-ST-ZIP FORT PIERCE, FL

TITLE D
NAME YOUNG, RODGER D.
STREET ADDRESS 2800 NORTH A-1-A, S-504
CITY-ST-ZIP FORT PIERCE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-06 2483538620