2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P9300003768

1. Entity Name

K P STUDIO ARCHITECT, P.A.



02-18-2008 90001 035 ***150.00

Feb 18, 2008 8:00 am Secretary of State

FILED

Principal Place of Business

537 N.E. 8TH AVE OCALA, FL 34470 Mailing Address

537 NE 8TH AVE OCALA, FL 34470



02112008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3161128

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRIETEMEYER, LARRY C 5961 SW 7TH AVE RD OCALA, FL 34474

SIGNATURE: Y

DO NOT WRITE IN THIS SPACE

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|---|--|--|---------------------|---|---|--------------------------------|
| | named entity submits this statement for the pions of registered agent. | ourpose of changing its registere | ed office or req | gistered a | gent, or both, in the State of Florida. | I am familiar with, and accept |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title | if applicable. (NOTE: Registere | d Agent signature n | . t 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 Trust Fund Contribution. | | | | |
| 10. | OFFICERS AND DIRE | CTORS | I | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KRIETEMEYER, LARRY C 5961 SW 7TH AVE RD OCALA, FL 34474 | | | | : | |
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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 earlies, with all effect like empowered. | | | | | | |