

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90223 018 \*\*\*158.75

**DOCUMENT # P93000008025**

1. Entity Name  
K.C.D.C. OF TAMPA, INC.



Principal Place of Business  
9428 EDDINGS RD.  
ODESSA, FL 33556 US

Mailing Address  
5514 CARMACK RD  
TAMPA, FL 33610

**50020032**



02212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3163182</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

CHRISTNER, ALAN S JR.  
401 SECOND STREET EAST  
STE. 231  
INDIAN ROCKS BEACH, FL 34635

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WASIELEWSKI, THOMAS 9428 EDDINGS RD. ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>ST</del> WASIELEWSKI, KAREN <del>9428 EDDINGS RD.</del> <del>ODESSA, FL 33556</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Wasielewski, Casey J. 4702 Corsage Dr Lutz, FL 33558
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 exemption stated in Section 119.07(3)(i), 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:** Thomas Wasielewski  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-05 813-621-8059  
Date Daytime Phone #