

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000087003

Entity Name: K BAR L, INC.

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5052 BLUE SPGS RD  
MARIANNA, FL 32446 US

**New Principal Place of Business:**

**Current Mailing Address:**

5052 BLUE SPGS RD  
MARIANNA, FL 32446 US

**New Mailing Address:**

FEI Number: 59-3229562

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOSTER, JAMES L  
5052 BLUE SPGS RD  
MARIANNA, FL 32446 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: FOSTER, KAY  
Address: 5052 BLUE SPRGS RD  
City-St-Zip: MARIANNA, FL 32446 US

Title: DST  
Name: FOSTER, JAMES L  
Address: 5052 BLUE SPGS RD  
City-St-Zip: MARIANNA, FL 32446

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAY FOSTER

PRES

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date