

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000016335

Entity Name: K AND P, INC.

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

2075 PERIWINKLE WAY
SUITE 1
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

2075 PERIWINKLE WAY
SUITE 1
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 65-0455379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONARDI, KARIN
1011 YACHTSMAN DR
SANIBEL, FL 33957 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEONARDI, KARIN
Address: 1011 YACHTSMAN DR
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: LEONARDI, PETER
Address: 1011 YACHTSMAN DR
City-St-Zip: SANIBEL, FL 33957

Title: P () Delete
Name: LEONARDI, KARIN
Address: 1011 YACHTSMAN DRIVE
City-St-Zip: SANIBEL, FL 33957

Title: VP () Delete
Name: LEONARDI, PETER
Address: 1011 YACHTSMAN DRIVE
City-St-Zip: SANIBEL, FL 33957

Title: T () Delete
Name: BATKE, TANYA
Address: 16541 AMAZON LANE
City-St-Zip: FORT MYERS, FL 33908

Title: S () Delete
Name: LEONARDI, PETER T
Address: 1694 BUNTING LANE
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PETER T. LEONARDI

S

04/01/2009

Electronic Signature of Signing Officer or Director

Date