

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90094 031 ***150.00

DOCUMENT # P94000070253

1. Entity Name

M. K. C., INC.



Principal Place of Business

4200 4TH STREET NORTH
STE D
SAINT PETERSBURG FL 33703
US

Mailing Address

P O BOX 7697
ST PETERSBURG FL 33734
US

30042070



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

11001 DANKA WAY N
#3

3. Mailing Address

11001 DANKA WAY N
#3

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

59-3269668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARGER, JOANN E.
4200 4TH STREET NORTH
STE D
SAINT PETERSBURG FL 33703

7. Name and Address of New Registered Agent

Name **JOANN E. BARGER**

Street Address (P.O. Box Number is Not Acceptable)

11001 DANKA WAY N. #3

City **ST. PETERSBURG**

FL

Zip Code

33716

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME BARGER, JOANN E
STREET ADDRESS 4200 4TH STREET NORTH STE D
CITY-ST-ZIP SAINT PETERSBURG FL 33703

TITLE VP ☐ Delete
NAME DOYLE, DANIEL M JR.
STREET ADDRESS 4200 4TH STREET NORTH STE D
CITY-ST-ZIP SAINT PETERSBURG FL 33703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11001 DANKA WAY N. #3
CITY-ST-ZIP ST. PETERSBURG, FL 33716

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11001 DANKA WAY N. #3
CITY-ST-ZIP ST. PETERSBURG, FL 33716

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Joann Barger JOANN E. BARGER 2-15-05 727-520-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #