## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 22, 2006 8:00 am **Secretary of State** DOCUMENT # P94000070253 1. Entity Name 02-22-2006 90016 041 \*\*\*150.00 M. K. C., INC. Principal Place of Business Mailing Address 11001 DANKA WAY N 11001 DANKA WAY N SAINT PETERSBURG FL 33716 SAINT PETERSBURG FL 33716 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3269668 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARGER, JOANN E. Street Address (P.O. Box Number is Not Acceptable) 11001 DANKA WAY N SAINT PETERSBURG FL 33716 City Zip Code 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 reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition Delete JOANN E. BARGER BARGER, JOANN E NAME NAME 11001 DANKA WAY N. #3 STREET ADDRESS 11001 DANKA WAY N, #3 STREET ADDRESS ST. PETERSBURG, FL 33716 CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33716 TITLE Delete TITLE ☐ Addition NAME NAME DOYLE, DANIEL M JR. STREET ADDRESS STREET ADDRESS 11001 DANKA WAY N, #3 CITY-ST-ZIP SAINT PETERSBURG FL 33716 CITY-ST-ZIP Delete ☐ Change TITLE \* Addition KIMBERLY E-BARGER NAME 11001 DANKA WAYN #3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST. PETELS BURG, FL 33716 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-73P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 address, with all other like empowered.

SIGNATURE: 5

FILED