

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000070253

1. Entity Name
M. K. C., INC.



Principal Place of Business

11001 DANKA WAY N
3

SAINT PETERSBURG, FL 33716 US

Mailing Address

11001 DANKA WAY N
3

SAINT PETERSBURG, FL 33716 US

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

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.
11001 DANKA WAY N
3
SAINT PETERSBURG, FL 33716

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000825092
02/20/08-80104-015 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BARGER, JOANN E
STREET ADDRESS 11001 DANKA WAY N, # 3
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

TITLE VP
NAME DOYLE, DANIEL M JR.
STREET ADDRESS 11001 DANKA WAY N, # 3
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

TITLE S
NAME BARGER, KIMBERLY E
STREET ADDRESS 11001 DANKA WAY N #3
CITY-ST-ZIP SAINT PETERSBURG, FL 33716

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 exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOANN E. BARGER

Date

1-14-08

Daytime Phone #

727-

520-7711