2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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1. Entity Nan		3471		FILED Mar 16, 2005 0	8:00	AM	
K.C. FUT	TER ENTERPRISES, INC.				Secretary of	State	3
Principal Plac	ce of Business	Mailing Address		<u> </u>	1		
1421 SE 4T DEERFIELD	H ST D BEACH FL 33441	1421 SE 4TH ST DEERFIELD BEACH I	FL 33441			:	
2. Principal Place of Business 3. Mailing Ad							
Suite, Apt #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)	
City & State		City & State			4. FEI Number 65-0564020	Not	plied For t Applicable
Zip	Country	Zip	Coun	itry		8.75 Addi e Required	
	6. Name and Address of Curr	ent Registered Agent			7. Name and Address of New Registered Age		
	TEO KENNETH O	,,,	Name				
FUTTER, KENNETH C 1421 SE 4TH ST DEERFIELD BEACH FL 33441				Street Address ((P.O. Box Number is Not Acceptable)		
				City	FL	Zip Code	•
8. The above named entity submits this statement for the purpose of changing its registere				ed office or register		,	
the obligat	tions of registered agent.	it for the purpose of chariging in	is registere	sa onice of Tegister	red agent, or bottl, it the state of Florida. Fam fam	Jiliai Widi, a	лпа ассері
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NC	TE Registere	a Agent signature required	d when reinstating) DATE	<u>-</u>	
F	TLE 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.] Added	00 May Be d to Fees
10.		ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE NAME	D FUTTER, KENNETH C	☐ Delete	TITLÉ NAME	į.	<u> </u>	Change	Addition
	1421 SE 4 ST	•		ET ADDRESS			
CITY-ST-ZIP	DEERFIELD BCH F		CHTY	ST-ZIP			
TITLE		☐ Delete	DitE		UQOQQQ264612 ^C	Change	Addition
NAME STREET ADDRESS			NAME STREE	E Et address	03/16/05-80023-013	: 150.0	in
CITY-ST-ZIP				- ST - ZIP			~
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TITLE NAME		☐ Delete	TITLE	i] Change	Addition
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CITY-ST-ZIP			CITY	S1-ZIP			
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NAME		□ Delete	NAME		<u>-</u>] Ananêe	
STREET ADDRESS			1	ET ADDRESS			
CITY ST-ZIP				ST-ZIP			
indicated of the cor	on this report or supplemental repo	rt is true and accurate and that moowered to execute this repor	my signat t as r équir	ure shall have the s	ction 119.07(3)(i), Florida Statutes. I further certify same legal effect as if made under oath, that I am , Florida Statutes, and that my name appears in B	an officer of	or director

SIGNATURE AND TYPED OR PRINTED NAME OF SCHNING OFFICER OR DIRECTOR

SIGNATURE(