


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 A
Secretary of State

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| DOCUMENT # P95000023452 1. Entity Name KG II DEVELOPMENT - HOMES OF DISTINCTION, INC. |  |
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| Principal Place of Business 4980 S. FERDON BLVD. CRESTVIEW, FL 32536 | Mailing Address 4980 S. FERDON BLVD. CRESTVIEW, FL 32536 |
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3302296 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

GOFF, RICK L
4728 MEADOW LAKE DR.
CRESTVIEW, FL 32539-6333

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GOFF, RICK L 4728 MEADOW LAKE DR. CRESTVIEW, FL 325396333 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD GOFF, SUSAN M 4728 MEADOW LAKE DR. CRESTVIEW, FL 325396333 |
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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: Susan Goff Susan Goff 1/4/08 850-682-8635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #