

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000092240

1. Entry Name
K-DOP INC.



Principal Place of Business
710 WHITETAIL CIRCLE
OSTEEN, FL 32764

Mailing Address
POST OFFICE BOX 602
OSTEEN, FL 32764-0602



03032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3344594	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WATSON, PATSY C
710 WHITETAIL CIRCLE
OSTEEN, FL 32764

**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 re-registering)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

U00000254962
03/07/05-80093-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WATSON, PATSY C
STREET ADDRESS	710 WHITETAIL CIR
CITY-ST-ZIP	OSTEEN, FL
TITLE	V
NAME	GARZA, RICHARD K
STREET ADDRESS	710 WHITETAIL CIRCLE
CITY-ST-ZIP	OSTEEN, FL 32764
TITLE	S
NAME	GARZA, DENICE L
STREET ADDRESS	710 WHITETAIL CIRCLE
CITY-ST-ZIP	OSTEEN, FL 32764
TITLE	CFO
NAME	BROHAN, ROBERT L CFO
STREET ADDRESS	215 VINEWOOD DRIVE
CITY-ST-ZIP	SANFORD, FL 327734764
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 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: *Patsy Watson Patsy Watson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-05 407-323-2088
Date Daytime Phone #