

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000094508

Entity Name: K.O.D., INC.

FILED  
Apr 14, 2008  
Secretary of State

## Current Principal Place of Business:

CURRY FORD HESS  
7237 CURRY FORD ROAD  
ORLANDO, FL 32822 US

## New Principal Place of Business:

## Current Mailing Address:

1766 SENECA BLVD  
WINTER SPRINGS, FL 32708 US

## New Mailing Address:

FEI Number: 59-3345530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLARK, JOHN  
911 S PARSONS AVE  
BRANDON, FL 33511 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: OWJI, KHOSROW  
Address: 1766 SENECA BLVD  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: ST ( ) Delete  
Name: OWJI, CAROLYN  
Address: 1766 SENECA BLVD  
City-St-Zip: WINTER SPRINGS, FL 32708 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN OWJI

ST

04/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date