

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000095735	
1. Entity Name K & C CLOTHIERS, INC.	

Principal Place of Business 1438 BLACKHAWK TRAIL EAST JACKSONVILLE, FL 32225	Mailing Address 1438 BLACKHAWK TRAIL EAST JACKSONVILLE, FL 32225
--	--



04272005 No Ctg-P CF2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3357678	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, LEE ALLEN 1438 BLACKHAWK TRAIL EAST JACKSONVILLE, FL 32225

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 fee if applicable. (NONE - Registered Agent signature required when submitting) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$330.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000345123 04/30/05-80022-017 150.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, LEE ALLEN 1438 BLACKHAWK TRAIL, EAST JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 exemption stated in Section 119.07(3)(b), 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: Lee Allen Smith **4-28-05** **904-221-9169**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #