

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # P96000017213

1. Entity Name

K G PROPERTIES OF S.W. FLORIDA, INC.



Principal Place of Business

17953 SAN CARLOS BLVD
FT. MYERS BEACH, FL 33931 US

Mailing Address

P.O. BOX 6926
FT. MYERS BEACH, FL 33911 US



03152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0645313	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

DOMINIC, STEVEN
17953 SAN CARLOS BLVD
FT. MYERS BEACH, FL 33931

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DOMINIC, STEVE
STREET ADDRESS	17953 SAN CARLOS BLVD
CITY-ST-ZIP	FT. MYERS BEACH, FL 33931

TITLE	VP
NAME	DOMINIC, KIMBERLY
STREET ADDRESS	17953 SAN CARLOS BLVD
CITY-ST-ZIP	FT. MYERS BEACH, FL 33931

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/04-80021-008 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 7 04

Date

Daytime Phone # _____