
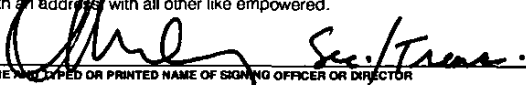


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90043 025 ***150.00

DOCUMENT # P96000053561			
1. Entity Name KGO DEVELOPMENT, INC.		Principal Place of Business 1912 CANADAIR COURT DAYTONA BEACH, FL 32128	
2. Principal Place of Business		Mailing Address 5085 WILLOW HILLS LANE CINCINNATI, OH 45243-4219 US	
Suite, Apt. #, etc.		3. Mailing Address 1912 Canadair Ct.	
City & State		Suite, Apt. #, etc.	
City & State Daytona Beach, FL 32128		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3397702		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		7. Name and Address of New Registered Agent	
BAKER, FRANK 1757 MITCHELL CT DAYTONA BEACH, FL 32128		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D O'MALEY, DAVID B <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'MALEY, DAVID B	NAME	
STREET ADDRESS	1912 CANADAIR COURT	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32129	CITY-ST-ZIP	
TITLE	D O'MALEY, KAREN G <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'MALEY, KAREN G	NAME	
STREET ADDRESS	5085 WILLOW HILLS LN. 1912 Canadair Ct.	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI, OH 45243 Daytona Beach, FL 32128	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		Date: 2/16/05 Daytime Phone #: 513-260-4900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			