

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90037 036 ***150.00

DOCUMENT # P96000053561

1. Entity Name
KGO DEVELOPMENT, INC.



Principal Place of Business
**1912 CANADAIR COURT
DAYTONA BEACH FL 32128**

Mailing Address
**5085 WILLOW HILLS LANE
CINCINNATI OH 45243
US**



2. Principal Place of Business

3. Mailing Address
1912 Canadair Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
DAYTONA BEACH, FL.

4. FEI Number **59-3397702**

Applied For
Not Applicable

Zip

Country

Zip

Country

32128

USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKER, MR 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

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **D O'MALEY, DAVID B**
STREET ADDRESS **5085 WILLOW HILLS LN**
CITY-ST-ZIP **CINCINNATI OH 45243**

TITLE Change Addition
NAME **1912 Canadair Ct.**
STREET ADDRESS **SEE ABOVE**
CITY-ST-ZIP

TITLE Delete
NAME **D O'MALEY, KAREN G**
STREET ADDRESS **5085 WILLOW HILLS LN**
CITY-ST-ZIP **CINCINNATI OH 45243**

TITLE Change Addition
NAME **SAME**
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/03

513 260-4900

Date Daytime Phone #

CR2E034 (10/02)