

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000066971

1. Entity Name
K.C.B. ISLAND PAR 3, INC.



Principal Place of Business
460 8TH STREET
KEY COLONY BEACH, FL 33051

Mailing Address
PO BOX 35
KEY COLONY BEACH, FL 33051

FILED
Mar 18, 2004 08:00 AM
Secretary of State



03132004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0687644

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPANO, MARY
10888 3RD AVE GULF
MARATHON, FL 33050

**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

000000091385
03/18/04-80007-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	VPS
NAME	SPANO, TODD
STREET ADDRESS	2701 DOLPHIN DR
CITY - ST - ZIP	MARATHON, FL 33050
TITLE	CPT
NAME	SPANO, MARY J
STREET ADDRESS	10888 3RD AVE GULF
CITY - ST - ZIP	MARATHON, FL 33050
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**

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

Date

Daytime Phone #

3-15-04