

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90007 016 ***150.00

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1. Entity Name

KFC OF MOORE HAVEN, INC.



Principal Place of Business

1403 WEST AVE. A
BELLE GLADE FL 33430

Mailing Address

1403 WEST AVENUE A
BELLE GLADE FL 33430

24037186



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0712392

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BARTON, LISA A
533 1/2 SOUTH EAST AVENUE, E
BELLE GLADE FL 33430

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, 2004 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 PD ☐ Delete
NAME HOOKS, RUDOLPH SR.
STREET ADDRESS 1500 W. CANAL STREET, NORTH
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME BARTON, LISA A
STREET ADDRESS 533 1/2 SOUTH EAST AVENUE, E
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ACREE, MICKEY K SR.
STREET ADDRESS POST OFFICE BOX 757 N/A
CITY-ST-ZIP MOORE HAVEN FL 33471

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME VICKERY, SHIRLEY A
STREET ADDRESS POST OFFICE BOX 652 N/A
CITY-ST-ZIP BELLE GLADE FL 33430

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: Lisa A. Barton Lisa A. Barton 4-6-04 561-996-7491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #