

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90028 034 ***150.00

DOCUMENT # P97000024624

1. Entity Name

K4 VENTURES, INC.



Principal Place of Business

K4 VENTURES, INC.
1720 SW 55TH LANE
OCALA FL 34474
US

Mailing Address

K4 VENTURES, INC.
1720 SW 55TH LANE
OCALA FL 34474
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3442776

Applied For

Not Applicable

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

KURTZ, KAY O
1720 SOUTHWEST 55TH LANE
OCALA FL 34474

Name

Richard T. Jones

Street Address (P.O. Box Number is Not Acceptable)

204 W University Avenue, Suite 7
City Gainesville FL Zip Code 32601

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
<input type="checkbox"/> Delete	D	KURTZ, KAY O	1720 SOUTHWEST 55TH LANE OCALA FL 34474	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	KURTZ, JON M	1720 SW 55TH LANE OCALA FL 34474	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 #

4/20/07

352-351-4547