

ANNUAL REPORT

DOCUMENT #P97000026154



1. Entity Name
K.S.V. CORP.

Principal Place of Business
4392 CORPORATE SQUARE BLVD
NAPLES, FL 34104 US

Mailing Address
4392 CORPORATE SQUARE BLVD
NAPLES, FL 34104 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SCIRE, STEPHEN
1991 TIMBERLINE DR
NAPLES, FL 34109

Name SCIRE, STEPHEN

Street Address (P.O. Box Number is Not Acceptable)
3270 5TH AVE NW

City NAPLES

FL Zip Code 34120

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 renaming)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VPST
NAME SCIRE, VINCENT
STREET ADDRESS 222 CARICA RD
CITY-ST-ZIP NAPLES, FL 34108

Delete

TITLE P
NAME SCIRE, STEPHEN
STREET ADDRESS 1991 TIMBERLINE DR
CITY-ST-ZIP NAPLES, FL 34104

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

2-6-06

239-354-3697

Date

Daytime Phone #