2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000048851

1. Entity Name
K & D OF HAINES CITY, INC.

Principal Place of Business	Mailing Address
902 POLK CITY ROAD	902 POLK CITY ROAD
HAINES CITY, FL 33844	HAINES CITY, FL 33844

DO NOT WRITE IN THIS SPACE

01172005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3450666	Not Applicable

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

6. Name and Address of Current Registered Agent

NGUYEN, KHOI
902 POLK CITY ROAD
HAINES CITY, FL 33844

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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, 2005 Fee will be $550.00

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

U00000264620
03/16/05-80023-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	NGUYEN, KHOI
STREET ADDRESS	650 E PIERCE STREET
CITY-ST-ZIP	LAKE ALFRED, FL 33850
TITLE	S
NAME	NGUYEN, DUNG K
STREET ADDRESS	650 E PIERCE ST
CITY-ST-ZIP	LAKE ALFRED, FL 33850
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

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: _____   3/11/05   (863)421-2270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #