


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000000413</b>	
1. Entity Name <b>K &amp; K COMMERCIAL SERVICES INC.</b>	

Principal Place of Business <b>3501 MCINTOSH OAKS COURT DOVER, FL 33527</b>	Mailing Address <b>P BOX 2414 VALRICO, FL 33595</b>
--	--

**DO NOT WRITE IN THIS SPACE**



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3483009</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**WALLACE, KIMBERLY S  
3501 MCINTOSH OAKS COURT  
DOVER, FL 33527**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	NAME <b>WALLACE, KIMBERLY S</b>
STREET ADDRESS <b>3501 MCINTOSH OAKS DRIVE</b>	CITY-ST-ZIP <b>DOVER, FL 33527</b>
TITLE <b>VP</b>	NAME <b>WALLACE, KENNETH</b>
STREET ADDRESS <b>3501 MCINTOSH OAKS DRIVE</b>	CITY-ST-ZIP <b>DOVER, FL 33527</b>
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

U00000700062  
04/20/07-80001-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Kimberly Wallace Kimberly Wallace 4/9/07 813-754-9323

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