

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000048923

1. Entity Name
KC TROPICAL, INC.



Principal Place of Business
3636 PORTER RD.
LITHIA, FL 33547

Mailing Address
3636 PORTER RD.
LITHIA, FL 33547

FILED
Jul 10, 2008 08:00 AM
Secretary of State



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3513958

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, KENNETH D
3636 PORTER RD.
LITHIA, FL 33547

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	JOHNSON, KENNETH D
STREET ADDRESS	3636 PORTER RD.
CITY-ST-ZIP	LITHIA, FL 33547
TITLE	VSD
NAME	JOHNSON, CHARLOTTE
STREET ADDRESS	3636 PORTER RD.
CITY-ST-ZIP	LITHIA, FL 33547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000953868
07/10/08-80002-004 550.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-08 813-737-3479

Date

Daytime Phone #