

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000058493

1. Entity Name
K. C. THREE CORPORATION



Principal Place of Business Mailing Address
2241 W. PENSACOLA ST. 137 OSPREY POINT DRIVE
TALLAHASSEE, FL 32304 US OSPREY, FL 34229



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0849401 Not Applicable

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

6. Name and Address of Current Registered Agent

CARLSON, WALTER K
137 OSPREY POINT DRIVE
OSPREY, FL 34229

**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 reconstituting) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARLSON, WALTER K
STREET ADDRESS	137 OSPREY POINT DRIVE
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	D
NAME	CARLSON, ELLEN C
STREET ADDRESS	137 OSPREY POINT DRIVE
CITY-ST-ZIP	OSPREY, FL 34229
TITLE	D
NAME	CARLSON, RICHARD D
STREET ADDRESS	16560 HUTCHINSON ROAD
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/14/05-80019-017 150.00

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-
1-20-05 866-7721
Date Daytime Phone #