

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 08, 2005 8:00 am**  
**Secretary of State**

09-08-2005 90065 016 \*\*\*150.00

**DOCUMENT # P98000062264**

1. Entity Name  
**K.K.C. ENTERPRISES INC.**



Principal Place of Business  
**6250 SHIRLEY ST  
NAPLES FL 34109-8008**

Mailing Address  
**4864 SAN PABLO COURT  
NAPLES FL 34109-3387**



2. Principal Place of Business  
**25091 BERNWOOD DRIVE  
BOHITA SPRING'S FL 34135**

3. Mailing Address  
**4864 SAN PABLO COURT  
NAPLES FL 34109-3387**

Suite, Apt. #, etc.  
City & State  
Zip Country

1st MOORE CR2E034 (10/04)

4. FEI Number **31-1377022**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**CASTLE, RON  
4864 SAN PABLO COURT  
NAPLES FL 34109-3387**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 **Ron Castle President** DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CASTLE, RON	
STREET ADDRESS	4864 SAN PABLO COURT	
CITY-ST-ZIP	NAPLES FL 34109-3387	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Ron Castle President** 8-23-05 239 596 324

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

ATTACHMENT 500654357  
#P98000063264

B-23-05

To whom it may concern,  
IN "June" I received This Form  
and made changes and  
mailed it in. (A copy)

I'm going thru my papers  
I found I had not received  
a response so I called  
your office and found  
you have no record of  
receiving it. The gentleman  
said to reapply and send  
this letter of explanation.

If I do not hear from  
you within 14 days I will  
call again.

Sorry for the mix up

For  
Castle  
President