

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000104120

1. Entity Name

F.V. GEBROEDERS KINDS INTERNATIONAL, INC.



Principal Place of Business

**10531 SPRING HILL DR.
SPRING HILL, FL 34608**

Mailing Address

**10531 SPRING HILL DR.
SPRING HILL, FL 34608**



02112006

No Chg-P

CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3607680

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**ROOS-KINDS, ISABELLE
10531 SPRING HILL DR.
SPRING HILL, FL 34608**

**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 renews.org)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



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

10. OFFICERS AND DIRECTORS

**TITLE D
NAME ROOS-KINDS, ISABELLE
STREET ADDRESS 10531 SPRING HILL DR.
CITY-ST-ZIP SPRING HILL, FL 34608**

**TITLE D
NAME KINDS, JAN
STREET ADDRESS 10531 SPRING HILL DR
CITY-ST-ZIP SPRING HILL, FL 34608**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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03/01/2006-00019-021 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/06

DATE

3522637024

Daytime Phone #