

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90327 032 ***150.00

DOCUMENT # V32115

1. Entity Name
KICCO ENTERPRISES, INC.



Principal Place of Business
**301 SE 5TH STREET
OKEECHOBEE, FL 34974**

Mailing Address
**115 NW 11TH AVE
OKEECHOBEE, FL 34972 US**

50037769

2. Principal Place of Business
24951 NW 160th Drive

3. Mailing Address
24951 NW 160th Drive

Suite, Apt. #, etc.

City & State
Okeechobee, FL

City & State
Okeechobee, FL

Zip
34972

Country
USA

Zip
34972

Country
USA

02222005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0333718

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**COOK, JOHN R
202 NW 5TH AVE
OKEECHOBEE, FL 34972**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FULFORD, GENE B.	
STREET ADDRESS	301 SE 5TH ST.	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FULFORD, PEGGY	
STREET ADDRESS	301 SE 5TH ST.	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fulford, Gene B.	
STREET ADDRESS	24951 NW 160th Drive	
CITY-ST-ZIP	Okeechobee, FL 34972	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fulford, Peggy	
STREET ADDRESS	24951 NW 160th Drive	
CITY-ST-ZIP	Okeechobee, FL 34972	
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
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #