

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # V32115

1. Entity Name
KICCO ENTERPRISES, INC.



Principal Place of Business
24951 NW 160TH DR
OKEECHOBEE, FL 34972

Mailing Address
24951 NW 160TH DR
OKEECHOBEE, FL 34972 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06132006

Chg-P

CR2E034 (11/05)

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

7. Name and Address of New Registered Agent

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

Name
Gene B. Fulford
Street Address (P.O. Box Number is Not Acceptable)
24951 NW 160th Dr

City Okeechobee FL Zip Code 34972

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

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME FULFORD, GENE B.
STREET ADDRESS 24951 NW 160TH DR
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE DP ☒ Change ☐ Addition
NAME Gene B. Fulford
STREET ADDRESS 24951 NW 160th Dr
CITY-ST-ZIP Okeechobee, FL 34972

TITLE VP ☐ Delete
NAME FULFORD, PEGGY
STREET ADDRESS 24951 NW 160TH DR
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE DVPST ☒ Change ☐ Addition
NAME Peggy Fulford
STREET ADDRESS 24951 NW 160th Dr
CITY-ST-ZIP Okeechobee, FL 34972

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300076634843
06/27/06--01028--014 **61.25

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

FILED

06 JUN 21 AM 10:28

