

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000079893

**Entity Name:** K. & B. DESCLEFS, INC.

**Current Principal Place of Business:**

231 NORTH LAURA STREET  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

231 NORTH LAURA STREET  
JACKSONVILLE, FL 32202

**FEI Number:** 43-2024421

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FALCK, WILLIAM E  
3740 BEACH BOULEVARD  
SUITE 201-A  
JACKSONVILLE, FL 32207 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name DESCLEFS, BENOIT  
Address 1501 MAYFAIR RD.  
City-State-Zip: JACKSONVILLE FL 32207

Title STD  
Name DESCLEFS, KATHY  
Address 1501 MAYFAIR RD.  
City-State-Zip: JACKSONVILLE FL 32207

Title AS  
Name FALCK, WILLIAM EESQ  
Address 4851 RIVER BASIN DRIVE SOUTH  
City-State-Zip: JACKSONVILLE FL 32207

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM E. FALCK

**ASSISTANT SECRETARY** 04/29/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date