

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000139275

**Entity Name:** KCPAR, INC.

**Current Principal Place of Business:**

165 WEKIVA SPRINGS ROAD - STE. 193  
LONGWOOD, FL 32779

**Current Mailing Address:**

165 WEKIVA SPRINGS ROAD - STE. 193  
LONGWOOD, FL 32779 US

**FEI Number:** 20-1734166

**Certificate of Status Desired:** No

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

LERCH, CHRISTOPHER D. ESQ.  
C/O KILLGORE, PEARLMAN, STAMP ET AL  
2 SOUTH ORANGE AVENUE - 5TH FLOOR  
ORLANDO, FL 32801 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	DP	Title	DVP
Name	REYNOLDS, ASHLEY	Name	SHANNON, SEAN
Address	165 WEKIVA SPRINGS RD - STE. 193	Address	165 WEKIVA SPRINGS RD - STE. 193
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779

*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:** ASHLEY REYNOLDS

**PRESIDENT**

**01/11/2016**

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

\_\_\_\_\_  
Date