

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000084683

**Entity Name:** KEPACO, INC.

**Current Principal Place of Business:**

633 LAKEHAVEN CIRCLE  
ORLANDO, FL 32828

**Current Mailing Address:**

633 LAKEHAVEN CIRCLE  
ORLANDO, FL 32828

**FEI Number:** 42-1190243

**Certificate of Status Desired:** No

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

SANDER, DAVID K  
633 LAKEHAVEN CIRCLE  
ORLANDO, FL 32828 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 CHAIRMAN  
Name SANDER, DAVID K  
Address 633 LAKEHAVEN CIRCLE  
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR  
Name SANDER, PATRICIA  
Address 633 LAKEHAVEN CIRCLE  
City-State-Zip: ORLANDO FL 32828

Title PST  
Name SANDER, KEITH  
Address 633 LAKEHAVEN CIRCLE  
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR  
Name POLSLEY, SUSAN  
Address 633 LAKEHAVEN CIR  
City-State-Zip: ORLANDO FL 32828

Title DIRECTOR  
Name STONES, ELIZABETH  
Address 633 LAKEHAVEN CIRCLE  
City-State-Zip: ORLANDO FL 32828

*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:** DAVID SANDER

**CHAIRMAN**

**01/24/2020**

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

\_\_\_\_\_  
Date