

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000000914

**Entity Name:** KIPHY, INC.

**Current Principal Place of Business:**

618 WEST VINE ST.  
KISSIMMEE, FL 34741

**Current Mailing Address:**

618 WEST VINE ST.  
KISSIMMEE, FL 34741 US

**FEI Number:** 59-3161608

**Certificate of Status Desired:** No

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

SMITH, KIPPLING W  
51 RANC H TR. RD.  
HAINES CITY, FL 33844 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	DT	Title	DP
Name	SMITH, PAM P	Name	SMITH, KIPPLING W
Address	51 RANCH TR RD.	Address	51 RANCH TR RD.
City-State-Zip:	HAINES CITY FL 33844	City-State-Zip:	HAINES CITY FL 33844

*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:** KIPPLING W SMITH

**PRESIDENT**

**04/27/2015**

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

\_\_\_\_\_  
Date