## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000086837

Name:

Address:

City-St-Zip:

GROSS, KRIS

3116 LINDEN AVE

GULF BREEZE, FL 32563

FILED Apr 28, 2005 Secretary of State

Entity Nar	ne: K3 OF	NORTHWEST F	LORIDA, INC.					
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
3116 LIND GULF BRE	EN AVE EEZE, FL 32	563						
Current Mailing Address:				New Mail	New Mailing Address:			
3116 LIND GULF BRE	EN AVE EEZE, FL 32	563						
FEI Number: 56-2461345 FEI Number Applied For ( ) FEI N			FEI Number Not App	licable ( )	Certificate of Status Desired (X)			
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
945 WEST PENSACC	DLA, FL 3250							
The above in the State	named entit e of Florida.	y submits this st	atement for the pu	rpose of changing	its registe	red office or registered agent, or both,		
SIGNATUR	RE:							
Electronic Signature of Registered Agent				nt		Date		
Election Car	npaign Financ	ing Trust Fund Co	ntribution (X).					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	GROSS, KEV 3116 LINDEN			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VPD SOWERS, K 3699 EAST ( PENSACOLA	DLIVE ROAD		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition KRIS DEN AVE EEZE, FL 32563		
Title:	TD	( ) Delete		Title:	TD	(X) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

GROSS, KEVIN L

3116 LINDEN AVE

GULF BREEZE, FL 32563

SIGNATURE: KEVIN GROSS PD 04/28/2005