

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000091425

**Entity Name:** KA-DA-KE, INC.

**Current Principal Place of Business:**

720 WEST JEFFERSON STREET  
720  
BROOKSVILLE, FL 34601

**Current Mailing Address:**

5949 LOCKHART ROAD  
BROOKSVILLE, FL 34602 US

**FEI Number:** 46-4066019

**Certificate of Status Desired:** No

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

COGGINS-POWELL, KAREN SUE  
720 WEST JEFFERSON STREET  
720  
BROOKSVILLE, FL 34601 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 COGGINS-POWELL, KAREN SUE  
Address 5949 LOCKHART ROAD  
City-State-Zip: BROOKSVILLE FL 34602

Title VPD  
Name POWELL, DAVID W  
Address 5949 LOCKHART ROAD  
City-State-Zip: BROOKSVILLE FL 34602

Title STD  
Name POWELL, KENNETH  
Address 5949 LOCKHART ROAD  
City-State-Zip: BROOKSVILLE FL 34602

*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:** KAREN SUE COGGINS-POWELL

PD

04/30/2014

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

\_\_\_\_\_  
Date