


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90001 017 \*\*\*150.00

**DOCUMENT # P99000069862**


1. Entity Name  
**KCQ INCORPORATED**



Principal Place of Business  
**3117 E ROBIN LANE  
 GILBERT, AZ 85296**

Mailing Address  
**665 SE 10TH ST  
 SUITE 201  
 DEERFIELD BEACH, FL 33441**

**DO NOT WRITE IN THIS SPACE**



01272008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0974340**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DICRESCEUZO, ANGELA  
 665 SE 10TH ST  
 SUITE 201  
 DEERFIELD BEACH, FL 33441**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008. Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SPD STRUNC, KITTRELL 3117 E. ROBIN LANE GILBERT, AZ 85296
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT STRUNC, RICHARD 3117 E. ROBIN LANE GILBERT, AZ 85296
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Strunc Date: 1/28/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #