


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90313 019 \*\*\*158.75

<b>DOCUMENT # F0000002732</b>	
1. Entity Name <b>KCS CONSTRUCTION, INC.</b>	

Principal Place of Business <b>8338 KENNEDY AVE HIGHLAND IN 46322</b>	Mailing Address <b>8338 KENNEDY AVE HIGHLAND IN 46322</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 9157</b> Suite, Apt. #, etc.
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City & State <b>Highland, IN</b>	4. FEI Number <b>35-1872291</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>46322</b>	Country <b>U.S.</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>BROWN, LEE 9242 RIDGE PINE TRAIL ORLANDO FL 32819</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City <b>FL</b> Zip Code _____	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MICKA, WAYNE</b> <b>1615 SANTA ANA COURT</b> <b>MUNSTER IN 46321</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>HENLEY, STEPHEN</b> <b>19816 MONTEREY AVENUE</b> <b>LYNWOOD IL 60411</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MICKA, WAYNE</b> <b>8338 KENNEDY AVENUE</b> <b>HIGHLAND IN 46322</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**  **PRES.** **4.15.04** **838-7593**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #