

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90035 002 ***150.00



DOCUMENT # F0300005645
 1. Entity Name
K*TEC OPERATING CORP.

Principal Place of Business: **2501 WEST GRANDVIEW PHOENIX AZ 85023**
 Mailing Address: **2501 WEST GRANDVIEW PHOENIX AZ 85023**

2. Principal Place of Business: **2401 W. Grandview**
 Suite, Apt. #, etc.
 3. Mailing Address: **2401 W. Grandview**
 Suite, Apt. #, etc.

City & State: **Phoenix AZ**
 Zip: **85023** Country: **MORICOPA**
 City & State: **Phoenix AZ**
 Zip: **85023** Country: **MORICOPA**

4. FEI Number: **90-0077068**
 Applied For: Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

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, 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	BASS, JAMES K	
STREET ADDRESS	2501 WEST GRANDVIEW	
CITY-ST-ZIP	PHOENIX AZ 85023	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	HARPER, PETER W	
STREET ADDRESS	2501 WEST GRANDVIEW	
CITY-ST-ZIP	PHOENIX AZ 85023	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARPER, PETER W	
STREET ADDRESS	2501 WEST GRANDVIEW	
CITY-ST-ZIP	PHOENIX AZ 85023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #