

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G36033

Entity Name: K & S CONSULTANTS, INC.

FILED  
Apr 16, 2004  
Secretary of State

## Current Principal Place of Business:

1959 S LAKE REEDY BLVD  
FROSTPROOF, FL 33843 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 966  
FROSTPROOF, FL 33843 US

## New Mailing Address:

FEI Number: 59-2290722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STRICKLAND, PATRICIA  
1959 S LAKE REEDY BLVD  
FROSTPROOF, FL 33843

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: STRICKLAND, PATRICIA  
Address: 1959 S LAKE REEDY BLVD  
City-St-Zip: FROSTPROOF, FL 33843

Title: VP ( ) Delete  
Name: STRICKLAND, KEVIN  
Address: 1959 S LAKE REEDY BLVD  
City-St-Zip: FROSTPROOF, FL 33843

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: PATRICIA A. STRICKLAND

PRES

04/16/2004

Electronic Signature of Signing Officer or Director

Date