

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H80151

FILED  
May 20, 2004  
Secretary of State

Entity Name: KAUFF'S OF FT. PIERCE, INC.

**Current Principal Place of Business:**

8503 HILLTOP DRIVE  
OOLTEWAH, TN 37363

**New Principal Place of Business:**

1440 53RD STREET  
MANGONIA PARK, FL 33407 US

**Current Mailing Address:**

8503 HILLTOP DRIVE  
OOLTEWAH, TN 37363

**New Mailing Address:**

1440 53RD STREET  
MANGONIA PARK, FL 33407

FEI Number: 59-2592839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE, FL 32301

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

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH, FL 33401

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: JOHN C. RANDOLPH, MGR.

05/20/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BADGLEY, JEFFREY I  
Address: 8503 HILLTOP DRIVE  
City-St-Zip: OOLTEWAH, TN 37363

Title: P ( ) Delete  
Name: RUSSELL, GEOFF  
Address: 8503 HILLTOP DRIVE  
City-St-Zip: OOLTEWAH, TN 37363

Title: VPST (X) Delete  
Name: MAYNORD, JOHN  
Address: 8503 HILLTOP DRIVE  
City-St-Zip: OOLTEWAH, TN 37363

Title: AS (X) Delete  
Name: BECKLEY, WILLIAM  
Address: 8503 HILLTOP DR  
City-St-Zip: OOLTEWAH, TN 37363

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: RUSSELL, FRANCIS G  
Address: 1440 53RD STREET  
City-St-Zip: MANGONIA PARK, FL 33407

Title: STD (X) Change ( ) Addition  
Name: RUSSELL, MONICA D  
Address: 1440 53RD STREET  
City-St-Zip: MANGONIA PARK, FL 33407

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: FRANCIS GEOFFREY RUSSELL

PD

05/20/2004

Electronic Signature of Signing Officer or Director

Date