2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K38686

FILED Jan 26, 2004 Secretary of State

Entity Name: KUNTRY KUBBARD, INC.				Secretary of State	
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
139 HICKP LA BELLE,	POCHEE AVE FL 33935	EAST US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX 8 LA BELLE,		US			
FEI Number:	65-0076513	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
MILHOLLAND, JACK W JR 139 HICKPOCHEE AVE EAST LA BELLE, FL 33935 US			ELWELL, ALAN M 139 HICKPOCHEE AV LA BELLE, FL 33935	139 HICKPOCHEE AVE EAST	
	named entity of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: ALAN M ELWELL				01/26/2004	
Election Can		onic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PST (ELWELL, ALA WEBBER WO SARASOTA, F	OODS DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (ANAST, STEP 4151 ARROW SARASOTA, F	/ LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	ASTS () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JACK W MILHOLLAND JR VP 01/26/2004

HESSER, HAROLD M

4714 ACORN CIRCLE

SARASOTA, FL 34233

Name:

Address:

City-St-Zip: