


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90039 018 ***158.75

DOCUMENT # P0000077701

1. Entity Name
FLORIDA K-CONSTRUCTION, INC.



Principal Place of Business Mailing Address

1507 GULF DRIVE **P.O. BOX 1000**
CARRABELLE FL 32322 **CARRABELLE FL 32322**

44032133



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

1507 Gulf Dr. **P.O. Box 1000**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Carrabelle Florida **Carrabelle Florida**

Zip Country Zip Country

32320 **Franklin** **32322** **Franklin**

4. FEI Number Applied For

59-3665716 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KUHLE, GARY E
1507 GULF DR.
CARRABELLE FL 32322

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 _____ (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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KUHLE, GARY E	
STREET ADDRESS	P.O. BOX 1000	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LEMIEUX, LESLIE	
STREET ADDRESS	110 15TH STREET	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	V	<input type="checkbox"/> Delete
NAME	STOVERN, RICHARD P	
STREET ADDRESS	1848 HWY-98 WEST	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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
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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: **Gary E. Kuhle** *[Signature]* **4/19/04** **933-9819**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #