

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000014367

FILED
May 02, 2004
Secretary of State

Entity Name: KILLEEN ENTERPRISES INC.

Current Principal Place of Business:

8331 CHOCTAW TRAIL
KISSIMMEE, FL 347471324 US

New Principal Place of Business:

W 1762 ANIWA RD
WEYAUWEGA, WI 549835624 US

Current Mailing Address:

8331 CHOCTAW TRAIL
KISSIMMEE, FL 347471324 US

New Mailing Address:

W 1762 ANIWA RD
WEYAUWEGA, WI 549835624 US

FEI Number: 25-1902602

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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

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: KILLEEN, KEVIN J
Address: 8331 CHOCTAW TRAIL
City-St-Zip: KISSIMMEE, FL 347471324 US

Title: D () Delete
Name: KILLEEN, JULIE A
Address: 8331 CHOCTAW TRAIL
City-St-Zip: KISSIMMEE, FL 347471324 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KILLEEN, KEVIN J
Address: W 1762 ANIWA RD
City-St-Zip: WEYAUWEGA, WI 549835624 US

Title: D (X) Change () Addition
Name: KILLEEN, JULIE A
Address: W 1762 ANIWA RD
City-St-Zip: WEYAUWEGA, WI 549835624 US

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: KEVIN J KILLEEN

D

05/02/2004

Electronic Signature of Signing Officer or Director

_____ Date