

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90031 042 ***150.00

DOCUMENT # P03000019238					
1. Entity Name KOZY KOVE ADULT HOME CENTERS, INC.					
Principal Place of Business 490 NW 45TH TERRACE PLANTATION, FL 33317			Mailing Address 490 NW 45TH TERRACE PLANTATION, FL 33317		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 33-1080910	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAMSEY, HARPER 490 NW 45TH TERRACE PLANTATION, FL 33317			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: <u>Harper Ramsey</u>				DATE: <u>01/28/04</u>	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RAMSEY, HARPER 490 NW 45TH TERRACE PLANTATION, FL 33317	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition			
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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: <u>Harper Ramsey</u>				DATE: <u>01/28/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE DAYTIME PHONE #	