2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the rec changed, or on an attachme

SIGNATURE:

Mar 22, 2004 8:00 am Secretary of State DOCUMENT # P9400006061 1. Entity Name 03-22-2004 90090 022 ***150 00 KEMPF ENTERPRISES, INC. Principal Place of Business Mailing Address 2954 MAYFAIR COURT CLEARWATER FL 33761 US 2954 MAYFAIR COURT CLEARWATER FL 33761 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3218939 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KEMPF, HENRY A JR Street Address (P.O. Box Number is Not Acceptable) 2954 MAYFAIR COURT **CLEARWATER FL 33761** City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition NAME KEMPF, HENRY A JR NAME STREET ADDRESS 2954 MAYFAIR COURT STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33761 CITY-ST-ZIP TITLE VISD ☐ Change ☐ Addition ☐ Delete TITLE KEMPF, MARIE-LOUISE MAME NAME 2954 MAYFAIR COURT STREET ADDRESS STREET ADDRESS **CLEARWATER FL 33761** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information i accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if her like empowered. I hereby certify that the informal indicated on this report of supp ion supplied with this fili

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