


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90017 010 \*\*\*150.00

DOCUMENT # P94000078646	
1. Entity Name KISMET, INC..	

Principal Place of Business 480 N ORLANDO AVE SUITE 122 WINTER PARK, FL 32789 US	Mailing Address 480 N ORLANDO AVE SUITE 122 WINTER PARK, FL 32789 US
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**DO NOT WRITE IN THIS SPACE**



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3273991	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CULINER, MICHAEL  
 480 N ORLANDO AVE  
 SUITE 122  
 WINTER PARK, FL 32789

**DO NOT WRITE IN THIS SPACE**

**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**

**9.** Election Campaign Financing  **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CULINER, MICHAEL A 480 N ORLANDO AVE STE 122 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD UNROE, SHELLY A 536 W. KING ST. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Michael Culiner MICHAEL CULINER 1/28/04 407-645-2588  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #