


**2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90031 027 ***150.00

DOCUMENT # *P98 0000 35495*

1. Entity Name
KANGAROO CORPORATION



DO NOT WRITE IN THIS SPACE

24041174

2. Principal Place of Business
*204-37th AVE. N.
#100*

3. Mailing Address
*204-37th AVE. N.
#100*

DO NOT WRITE IN THIS SPACE

City & State
ST. PETERSBURG FL

City & State
ST. PETERSBURG FL

Zip
33704

Country
USA

Zip
33704

Country
USA

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
THOMAS E. DE WAN

Street Address (P.O. Box Number is Not Acceptable)
204-37th AVE. N. #100

City
ST. PETERSBURG

FL

Zip Code
33704

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP | <i>D DE WAN, THOMAS E. 204-37th AVE. N. #100 ST. PETERSBURG, FL 33704</i> | 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **THOMAS E. DE WAN** *4-06-04* *727-939-3456*

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

CR2E034B (12/02)