


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000052592 1. Entry Name KK MARKETING, INC.	
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Principal Place of Business 4112 S. FLETCHER AVE. FERNANDINA BEACH, FL 32034	Mailing Address 4112 S. FLETCHER AVE. FERNANDINA BEACH, FL 32034
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03012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1296705	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SCHWEIZER, PHILIP
 4112 S FLETCHER AVE
 FERNANDINA BEACH, FL 32034

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 _____
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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000086077
 03/12/04-800010-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWEIZER, PHILIP 4112 S FLETCHER AVE FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWEIZER, KIM 4112 S FLETCHER AVE FERNANDINA BEACH, FL 32034
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-04 904277-5606
 Date Daytime Phone #