## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 26, 2004 08:00 AM Secretary of State DOCUMENT # S22304 K & B DISTRIBUTORS, INC. Mailing Address Principal Place of Business 2143 - 12JH STREET 2143 - 12TH STREET SARASOTA, FL 34237 SARASOTÁ, FL 34237 CR2E034 (10/03) 01212004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0279912 Not Applicable \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KRUEGER, WILLIAM F. DO NOT WRITE 2143-12TH STREET SARASOTA, FL 34237 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whon reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 1:11 } KRUEGER, WILLIAM F. NAME U00000129351 04/26/04-80074-019 150.00 STREET ADDRESS 2143-12TH STREET SARASOTA, FL CITY-ST-ZIP 11116 KRUEGER, BETTY NAME STREET ADDRESS 2041 SANDAULA DRIVE CHY-SI-ZIP SARASOTA, FL HHI NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZP IN THIS SPACE HHF

12. I hereby certify that the information supplied with this fiting does not qualify for the exemption stated in Section 119.07(3)(r). 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 eath, 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 piber like empowered.

SIGNATURE:

STREET ADDRESS CHY-ST-ZIP Title NAME STREET ADDRESS CITY-ST-ZIP HILL NAME STREET ADDRESS CHY-ST-ZP

ING OFFICER OR DIRECTOR

**FILED**