## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all of

## Jan 29, 2004 8:00 am **Secretary of State** DOCUMENT # P93000043400 1. Entity Name 01-29-2004 90027 035 \*\*\*150.00 K.R.C. CONSTRUCTION, INC. Principal Place of Business Mailing Address 3553 GEEKER ST 3553 GEEKER ST PENSACOLA FL 32514 PENSACOLA FL 32514 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3190113 Not Applicable Zip Country Zip 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 COOK, KAY R Street Address (P.O. Box Number is Not Acceptable) 3553 GEEKER ST PENSACOLA FL 32514 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE D ☐ Delete TITLE M Channe LARSEN, DON R. 1302 PLATA CANADA LARSEN, DON R NAME NAME 5753 WICKFORD LANE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32526 CITY-ST-ZIP CANTONMENT, FL 32533 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE COOK, WILLIS M III NAME NAME 301 E. BURGESS ROAD #B-1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32504 CITY-ST-ZIP . Change ☐ Addition TITLE - Delete NAME COOK,"KAY'R" NAME: STREET ADDRESS 3553 GEEKER ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32514 Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED