

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90042 001 \*\*\*150.00

**DOCUMENT # 392973**

1. Entity Name  
**K-RAIN MANUFACTURING CORPORATION**



Principal Place of Business  
**1640 AUSTRALIAN AVE.  
RIVIERA BCH, FL 33404**

Mailing Address  
**1640 AUSTRALIAN AVE.  
RIVIERA BCH, FL 33404**

**66411443**



01142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1371307</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**KAH, CARL L C, JR.  
1640 AUSTRALIAN AVE.  
RIVIERA BEACH, FL 33404**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVB GRETCHEN, MARK K 770 LAKESIDE DR 1640 AUSTRALIAN AVE. N PALM BEACH, FL RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVP AVIS, DEBORAH K 770 LAKESIDE DR 1640 AUSTRALIAN AVE. N PALM BEACH, FL RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAH, C L C III 770 LAKESIDE DR 1640 AUSTRALIAN AVE N PALM BEACH, FL RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KAH, CARL L C JR 770 LAKESIDE DR 1640 AUSTRALIAN AVE N PALM BEACH, FL RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAH, SHIRLEY J 770 LAKESIDE DR 1640 AUSTRALIAN AVE N PALM BEACH, FL RIVIERA BEACH, FL 33404
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: \_\_\_\_\_ #/8/04 (561)844-1002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #