

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90291 031 ***150.00

DOCUMENT # 114330

1. Entity Name
KOMOKO CORPORATION



Principal Place of Business
C/O V. W. RICHARDS
10545 S.W. 52ND TERRACE
MIAMI, FL 33165

Mailing Address
C/O V. W. RICHARDS
10545 S.W. 52ND TERRACE
MIAMI, FL 33165

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132004

Chg-P

CR2E034 (10/03)

4. FBI Number
59-6063999

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, SHARON
10965 SW 116 ST
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name **WILLIAMS SHARON**

Street Address (P.O. Box Number is Not Acceptable)

12742 VISTA PINE CIRCLE

City **FT. MYERS**

FL 33913

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 *Sharon Williams*

4-22-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

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	DP	☐ Delete
NAME	RICHARDS, VANESSA W.	
STREET ADDRESS	10545 SW 52ND TER	
CITY-ST-ZIP	MIAMI, FL	
TITLE	DV	☐ Delete
NAME	WILLIAMS, SHARON L.	
STREET ADDRESS	10965 SW 116 ST	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	☐ Delete
NAME	WILLIAMS, CHARLES E.	
STREET ADDRESS	10965 SW 116 ST	
CITY-ST-ZIP	MIAMI, FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	☒ Change ☐ Addition
NAME	WILLIAMS, SHARON L.	
STREET ADDRESS	12742 VISTA PINE CIRCLE	
CITY-ST-ZIP	FT. MYERS, FLA. 33913	
TITLE	D	☒ Change ☐ Addition
NAME	WILLIAMS, CHARLES E.	
STREET ADDRESS	12742 VISTA PINE CIRCLE	
CITY-ST-ZIP	FT. MYERS, FLA. 33913	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 (9.07(3)(b)), 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:

Vanessa W. Richards **VANESSA W. RICHARDS Pres, 4/14/04 305-279-3605**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #