## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 29, 2004 8:00 am **Secretary of State DOCUMENT # 425462** 1. Entity Name 03-29-2004 90029 030 \*\*\*150.00 K & R RICE CONSTRUCTION, INC. Mailing Address Principal Place of Business 965 MERCERS FERNERY RD 965 MERCERS FERNERY RD 24023221 DELAND FL 32720 DELAND FL 32720 2. Principal Place of Business 3. Mailing Address SAME Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 59-1460540 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 327*20* - 2335 <u> 32720 - 2335</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICE, KENNETH Street Address (P.O. Box Number is Not Acceptable) 965 MERCERS FERNERY RD DELAND FL 32720 Zip Code City FI 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. PD TITLE ☐ Change ☐ Addition TITLE ☐ Delete RICE, KENNETH NAME STREET ADDRESS 965 MERCERS FERNERY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 ☐ Delete TITLE ☐ Change ☐ Addition TITLE ELIZABETH, RICE MAME STREET ADDRESS STREET ADDRESS 965 MERCERS FERNEREY RD DELAND FL 32720 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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3/25/54 386 - 738 1854
Date Dayline Phone # SIGNATURE:

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.