


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 539341</b>		
1. Entity Name W. M. KRISTON & SONS, INC.		
Principal Place of Business 1730 DUNDEE RD WINTER HAVEN, FL 33884	Mailing Address PO BOX 631 WINTER HAVEN, FL 33882	



01092004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1761459</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  RAFOOL, RAYMOND J 1519 THIRD STREET S.E WINTER HAVEN, FL 33881	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reissuing) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	PD KRISTON, GARY A PRES 211 OLD SPANISHWAY WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KRISTON, EDWARD L VICE 1507 POE RD LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SNIVELY, GLORIA A SEC 939 AVE. A. S.E. WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/13/04-80042-023 158.75

**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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-04 863 274-6564  
Date Daytime Phone #