2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 626766

City-St-Zip:

CAPE CORAL, FL

FILED Mar 12, 2004 Secretary of State

Entity Name: KOV, INC. **Current Principal Place of Business: New Principal Place of Business:** 1013 SE 12TH AVE CAPE CORAL, FL 33990 US **Current Mailing Address: New Mailing Address:** P. O. BOX 150790 CAPE CORAL, FL 339150790 US FEI Number: 52-1156543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SHAPIRO, SAMUEL 1820 SE 36TH TERRACE US CAPE CORAL, FL 33904 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SHAPIRO, SAMUEL, Name: Name: 1820 SE 36 TERR Address: Address: City-St-Zip: CAPE CORAL, FL City-St-Zip: Title: Title: () Change () Addition () Delete Name: PALUMBO, NANNETTE, Name: 3628 SE 18 AVE Address: Address: CAPE CORAL, FL 33904 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition SHAPIRO, MAE, Name: Name: 1820 SE 36 TERRACE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SAMUEL SHAPIRO D 03/12/2004