2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 08:00 AM Secretary of State **DOCUMENT # 637362** 1. Entity Name BUNDSCHU KRAFT, INC. Mailing Address Principal Place of Business 6700-1 DANIELS PARKWAY 6700-1 DANIELS PARKWAY FORT MYERS, FL 33912 FORT MYERS, FL 33912 01072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2086546 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUNDSCHU, CHARLES C., III DO NOT WRITE 6700-1 DANIELS PARKWAY FORT MYERS, FL 33912 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) Signature, typed or printed name of registered agent and title if applicable \$5.00 May Be Added to Fees 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. 1000000134021 TITLE 04/28/04-80003-002 150.00 KRAFT, DAN NAME STREET ADDRESS 6700-1 DANIELS PARKWAY FORT MYERS, FL 33912 CITY-ST-ZIP TITLE BUNDSCHU, CHARLES C. III NAME STREET ADDRESS 6700-1 DANIELS PARKWAY CITY-ST-ZIP FORT MYERS, FL 33912 TITLE NAME BUNDSCHU, GAYLE P. 6700-1 DANIELS PARKWAY STREET ADDRESS DO NOT WRITE FORT MYERS, FL 33912 CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is independent and accurage 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 attachney, with an address, with all other light empowered.

SIGNING OFFICER OR EIRECTOR

SIGNATURE:

FILED