

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # 661905 1. Entity Name KILBRIDE MANAGEMENT SERVICES, INC.	
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Principal Place of Business 1850 NE 48TH ST. SUITE 136 POMPANO BEACH, FL 33064	Mailing Address 1850 NE 48TH ST. SUITE 136 POMPANO BEACH, FL 33064
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DO NOT WRITE IN THIS SPACE



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2002435	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUME, JOHN HUME & JOHNSON P.A. 1401 UNIVERSITY DR., SUITE 301 CORAL SPRINGS, FL 33071	DO NOT WRITE IN THIS SPACE
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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 Signature, typed or printed, name of registrant, agent and, title if applicable	(NOTE: Registrant/Agent signature required, when reinstating)	DATE
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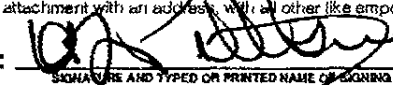
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PITTKIN, KENNETH D 1850 NE 48TH ST., #136 POMPANO BEACH, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITTKIN, MADELINE 1850 NE 48TH SQ, SUITE 136 POMPANO BEACH, FL 33064
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03/11/04-80056-013 150.00

**DO NOT WRITE
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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	Date	Day(s) in Month
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