

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857770

FILED
Apr 15, 2004
Secretary of State

Entity Name: THE KEGEL COMPANY, INC.

Current Principal Place of Business:

1951 LONGLEAF BLVD
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

1951 LONGLEAF BLVD
PO BOX 3370
LAKE WALES, FL 338593370

New Mailing Address:

FEI Number: 43-1263659 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIS, JOHN M.
3529 TUBBS RD.
SEBRING, FL 33872 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: DAVIS, JOHN M.,
Address: 3529 TUBBS RD.
City-St-Zip: SEBRING, FL

Title: VPD () Delete
Name: JENNINGS, DAVID G.,
Address: 3430 KING DR.
City-St-Zip: SEBRING, FL

Title: STD () Delete
Name: DAVIS, LINDA M.,
Address: 3529 TUBBS RD.
City-St-Zip: SEBRING, FL

Title: VPD () Delete
Name: DAVIS, MARK
Address: 5106 BASS AVE
City-St-Zip: SEBRING, FL

Title: VP () Delete
Name: DAVIS, DENNIS W
Address: 4605 CALTRAVA
City-St-Zip: SEBRING, FL

Title: VD () Delete
Name: DAVIS, JONATHAN A
Address: 5106 BASS AVE
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JOHN M DAVIS

PD

04/15/2004

Electronic Signature of Signing Officer or Director

Date