2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 22, 2004 8:00 am Secretary of State

				_ Secretary or State	
1. Entity Nam	MENT # F00000003 K MANAGEMENT, INC.	3455		07-22-2004 90003 048 ***550.00	
Principal Plac	e of Business	Mailing Address	······································	ÉADDAGO	
·	i	P.O. BOX 9227		54064303	
45 DAN ROA Canton, Ma		BOSTON, MA 02209			
CANTON, MA	02021	DOSTON, INIA 02209			
	a a) INDITER (IN CONTROL OF IN CONTROL OF INCOME.	
Principal Place of Business 3. Mailing Address					
a. Thropari	dec e, pasilloco	er maining record) INDIANA IINA MANI ANNI ANNI ANNI ANNI ANNI	
Suite, Apt.	# atc	Suite, Apt. #, etc.		- 	
Guille, Apr.	w, etc.	Suite, Apr. #, etc.		07072004 Chg-P CR2E034 (10/03)	
City & Stat	1	City & State		4. FEI Number Applied For	7
City a stat	9	City & State			4
7.	¥1 6		Ca	04-3366308 Not Applicable	-
Zip	Country	Zip ·	Country	5. Certificate of Status Desired S8.75 Additional	1
	· ^	<u> </u>		Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	4
			Name		
CORPORATION SERVICE COMPANY			Street Address	ss (P.O. Box Number is Not Acceptable)	1
1201 HAYS STREET			Jupat Muci 6:	as (1.0. box radings to rad Acceptable)	
TALLAHAS	SSEE, FL 32301-2525				1
			City	FL Zip Code	
9 The phone	agency onth, pulposite this statement f	or the surrous of changing its	interest office as as as		-
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 Fforida. I am familiar with, and accept the obligations of registered agent.					
the sengulario of regulario agenti					
SIGNATURE.					
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requ	juired when reinstating) DATE	1
					1
· FII	LE NOW!!! FEE IS \$550.00	9. Election Campaig	n Financing	\$5.00 May Be	Į
	ue by September 8, 2004	Trust Fund Contri	bution. \square A	Added to Fees	
	3 / ·				1
10.	OFFICERS AND	·	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	4
THILE	PCD [☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PARILLO, NICK		NAME		1
STREET ADDRESS	45 DAN ROAD		STREET ADDRESS		
CITY-ST-ZIP	CANTON, MA 02021		CITY-ST-ZIP		}
TITLE	S	☐ Delete	TITLE	Change Addition]
NAME	HIPPLER, TOM		NAME		
STREET ADDRESS	45 DAN ROAD		STREET ADDRESS		
CITY-ST-ZIP	CANTON, MA 02021		CITY-ST-ZIP		
TITLE	Т	□ Delete	TITLE	☐ Change ☐ Addition	†
NAME	STAY, GREG	U Delete	NAME	Outside Tivodioi	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	CANTON, MA 02021		CITY-ST-ZIP		
			-		4
TITLE	D D	☐ Delete	TITLE	Change Addition	
NAME DEDECT ADDRESS	HOTAREK, BRIAN		NAME		\
STREET ADDRESS	45 DAN ROAD		STREET ADDRESS		
CITY-ST-ZIP	CANTON, MA 02021		CITY-ST-ZIP		
TITLE	i	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		1
STREET ADDRESS	i		STREET ADDRESS		
CITY-ST-ZIP	-1		CITY-ST-ZIP		l
TITLE	9 .	☐ Delete	TITLE	Change Addition	1
NAME	4	B01010	NAME	~ Arougo Discontinu	
STREET ADDRESS	i		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		1
				*	1

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

800-288-8415 4XX 4982