

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

05-26-2004 90004 027 \*\*\*550.00

**DOCUMENT # F02000003015**

1. Entity Name  
**AIRPORT CONCESSIONS, INC.**



Principal Place of Business  
**DENVER INTERNATIONAL AIRPORT  
9100 PENA BLVD.  
DENVER, CO 80249**

Mailing Address  
**P.O. BOX 492044  
DENVER, CO 80205**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142004

Chg-P

CR2E034 (10/03)

4. FEI Number

**84-1032066**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**DAVIS, STEVEN  
9132 CYPRESS GREEN DRIVE  
JACKSONVILLE, FL 32256**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

## 10. OFFICERS AND DIRECTORS

TITLE	BM	<input type="checkbox"/> Delete
NAME	KAWANO, ROBERT T	
STREET ADDRESS	1 HOLLY STREET	
CITY-ST-ZIP	DENVER, CO 80220	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BALL, DAVID W	
STREET ADDRESS	273 RONNIE ROAD	
CITY-ST-ZIP	GOLDEN, CO 80403	
TITLE	C	<input type="checkbox"/> Delete
NAME	HARRIS, KING H	
STREET ADDRESS	2634 GARFIELD STREET	
CITY-ST-ZIP	DENVER, CO 80205	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRTLAND, JAMES M	
STREET ADDRESS	2136 VINE STREET	
CITY-ST-ZIP	DENVER, CO 80205	
TITLE	CEOT	<input type="checkbox"/> Delete
NAME	HARRIS, ERNESTINE	
STREET ADDRESS	2634 GARFIELD STREET	
CITY-ST-ZIP	DENVER, CO 802055041	
TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, PAUL A	
STREET ADDRESS	17316 SE 185TH STREET	
CITY-ST-ZIP	RENTON, WA 98058	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	BM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Winifred Harris	
STREET ADDRESS	5995 S. Sepulveda Blvd. #206	
CITY-ST-ZIP	Culver City, CA 90230	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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

*Winifred R. Harris* April 14, 04  
Director

Date

Daytime Phone