## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

Douglas Carbelles SIGNATURE ON SIGNATURE AND TYPED OR PRUMED NAME OF SIGNIN

## Apr 08, 2004 8:00 am Secretary of State DOCUMENT # F03000004787 1. Entity Name 04-08-2004 90048 027 \*\*\*150.00 K & D ENGINEERING, INC. Principal Place of Business Mailing Address 71009014 5150 BOGGY CREEK RD. 5150 BOGGY CREEK RD. LOT #P38 SAINT CLOUD FL 34771 LOT #P38 SAINT CLOUD FL 34771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 62-1788759 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -nzebeK-a ·OZEBECK, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 972 ENGLISH TOWN LN WINTER SPRINGS FL 32708 City 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, 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 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PC TITLE ☐ Delete TITLE ☐ Change ☐ Addition OZBECK, DOUGLAS STREET ADDRESS 972 ENGLISH TOWN LANE #200 STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP CITY-ST-ZIP VCV TITLE ☐ Delete TITLE ☐ Change Addition OZBECK, KELLY NAME NAME 972 ENGLISH TOWN LANE #200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL 32708 CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition 'NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE F ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED