

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F93000001184

1. Entity Name  
K SQUARE CONSULTING, INC.



Principal Place of Business  
540 WATSON DR.  
INDIALANTIC, FL 32903

Mailing Address  
540 WATSON DR.  
INDIALANTIC, FL 32903



01032004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-1935127	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KEITH, RICHARD KENT  
540 WATSON DR.  
INDIALANTIC, FL 32903

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000118069  
04/16/04-80049-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CDP KEITH, RICHARD KENT 540 WATSON DR. INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCD KEITH, MARY HELEN 540 WATSON DR. INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KEITH, MARY HELEN 540 WATSON DR. INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KEITH, JENNIFER MARIE 404 HILLSIDE DR GREENSBORO, NC 27401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: R.K. Keith R.K. Keith April 14, 2004 321-722-0587  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #