2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001234

FILED
Jul 02, 2004
Secretary of State

Entity Name: G.C. & K.B. INVESTMENTS, INC.

Current Principal Place of Business:

159 HWY 22 E
MADISONVILLE, LA 70447

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1350
MADISONVILLE, LA 70447

New Mailing Address:

FEI Number: 72-1098221 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVS ( ) Delete
Name: BENNETT, KEVIN
Address: 159 HWY 22 E
City-St-Zip: MADISONVILLE, LA 70447

Title: DP ( ) Delete
Name: COPP, GARY
Address: 159 HWY 22 E
City-St-Zip: MADISONVILLE, LA 70447

Title: CFO ( ) Delete
Name: DEARING, MARK
Address: 159 HIGHWAY, 22 EAST
City-St-Zip: MADISONVLLE, LA 70447

Title: V (X) Delete
Name: O'KEEFE, THOMAS E
Address: 159 HWY 22 E
City-St-Zip: MADISONVILLE, LA 70447

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:

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: GARY L. COPP O/P 07/02/2004

Electronic Signature of Signing Officer or Director Date