


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F98000001858 1. Entity Name MAAX-KSD CORPORATION	
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Principal Place of Business 3674 REESE AVE. RIVIERA BEACH, FL 33404	Mailing Address P.O. BOX 544 SOUTH HAMPTON, PA 18966
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 23-2952989	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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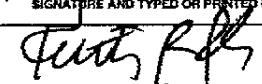
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HEROUX, ANDRE KEYSTONE RD SOUTHAMPTON, PA 18966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO GARNEAU, RICHARD KEYSTONE RD SOUTHAMPTON, PA 18966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEWART, DANIEL H KEYSTONE RD SOUTHAMPTON, PA 18966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPP RUCK, KEITH R KEYSTONE RD SOUTHAMPTON, PA 18966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GOLDSTEIN, LEONARD KEYSTONE RD SOUTHAMPTON, PA 18966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000106714
04/08/04-B0026-U18 150.00

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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	Robert Buggella Date 3/23/04 Daytime Phone # (215) 825-5050
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 **Keith R. Ruck** **Finance** **4-504** **(215) 725-5277**