

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # F98000002395**

1. Entity Name  
**KRIS BUSINESS SERVICES, INC.**



Principal Place of Business  
**15010 113TH AVE LOT 1B  
LARGO, FL 33774 US**

Mailing Address  
**P.O. BOX 37  
INDIAN ROCKS BEACH, FL 33785-0037 US**

**DO NOT WRITE IN THIS SPACE**



02122004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**58-1709264**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**BANKER, KIMBERLY  
15010 113TH AVE  
LOT 1B  
LARGO, FL 33774**

**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 \_\_\_\_\_

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 NAME STREET ADDRESS CITY - ST - ZIP	P BANKER, KIMBERLY 15010 113TH AVE N LOT 1B LARGO, FL 33774
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02/16/04-80114-015 150.00

**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:**

*Kimberly Banker* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/12/04*  
Date

*727-421-0970*  
Daytime Phone #

*KIMBERLY BANKER*