

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006076

FILED
Jul 01, 2004
Secretary of State

Entity Name: KHS KISTERS, INC.

Current Principal Place of Business:

4100 U.S. HWY #1
EDGEWATER, FL 32141

New Principal Place of Business:

Current Mailing Address:

4100 U.S. HWY #1
EDGEWATER, FL 32141

New Mailing Address:

FEI Number: 61-1149049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELCH, PETER
4100 U.S. HIGHWAY #1 SOUTH
EDGEWATER, FL 32141 US

Name and Address of New Registered Agent:

MCGLOIN, DAVID
4100 U.S. HIGHWAY #1 SOUTH
EDGEWATER, FL 32141 US

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: DAVID MCGLOIN

07/01/2004

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: PD () Delete
Name: NEAGLE, C A
Address: 3044 BELLE MEADE LANE
City-St-Zip: EDGEWOOD, KY 41017 US

Title: VSD () Delete
Name: BROOKING, JOHN
Address: 233 CHAMBERS ROAD
City-St-Zip: WALTON, KY 41094 US

Title: T () Delete
Name: WELCH, PETER
Address: 6194 HALF MOON DR.
City-St-Zip: PORT ORANGE, FL 32127 US

Title: CD (X) Delete
Name: MARTI, JEAN
Address: D-47533
City-St-Zip: KLEVE, DE DE

Title: D (X) Delete
Name: DE KOCK, DEITER
Address: D-47533
City-St-Zip: KLEVE, DE DE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change () Addition
Name: CRUZ, RENO N
Address: 880 BAHCALL CT
City-St-Zip: WAUKESHA, WI 53186 US

Title: VSD (X) Change () Addition
Name: KRINGEL, JEROME H
Address: 100 E. WISCONSIN AVE, SUITE 3300
City-St-Zip: MILWAUKEE, WI 53202 US

Title: TD (X) Change () Addition
Name: ELLIOTT, JAMES E
Address: 880 BAHCALL CT
City-St-Zip: WAUKESHA, WI 53186 US

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: JAMES E. ELLIOTT

TD

07/01/2004

Electronic Signature of Signing Officer or Director

Date