

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90032 017 ***150.00

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DOCUMENT # H24175 1. Entity Name KNK INVESTMENTS OF SARASOTA, INC.																				
Principal Place of Business 7804 N. TAMiami TrL SARASOTA, FL 34243 US			Mailing Address C/O CPA ASSOCIATES, PA 1301 -6TH AVE W-STE 600 BRADENTON, FL 34205 US																	
2. Principal Place of Business 1301 6th Ave. West Suite, Apt. #, etc. Suite 600		3. Mailing Address Suite, Apt. #, etc. City & State Bradenton, FL		4. FEI Number 59-2454244																
City & State Bradenton, FL		City & State Zip 34205		Country U.S.																
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent STATHIS, STAM 1301 -6TH AVE W- SUITE 600 BRADENTON, FL 34205																
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																
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		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Delete</td> </tr> <tr> <td></td> <td>DPST</td> <td>MCMAHON, THOMAS</td> <td>7804 KENRIDGE</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>ST. LOUIS, MO</td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete		DPST	MCMAHON, THOMAS	7804 KENRIDGE					ST. LOUIS, MO	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>4 Austin Place</td> <td>Glendale, MO 63122</td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			4 Austin Place	Glendale, MO 63122		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.								
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		4 Austin Place	Glendale, MO 63122																	
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 3/10/04		Daytime Phone #: 314 4092733																