

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # J61106
1. Entity Name
KINETIC STUMP CUTTER, INC.



Principal Place of Business
**19013 ORLANDO ROAD S
FORT MYERS FL 33912-3719
US**

Mailing Address
**POB OX 372
ESTERO FL 33928-0372**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**MOLLBERG, RUSSELL E
19013 ORLANDO ROAD S
FORT MYERS FL 33912**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	MOLLBERG, RUSSELL E. JR.	
STREET ADDRESS	19013 ORLANDO ROAD S	
CITY-ST-ZIP	FORT MYERS FL 33912-3719	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOLLBERG, PAUL R.	
STREET ADDRESS	331 16TH ST S.E.	
CITY-ST-ZIP	NAPLES FL 34151	
TITLE	V	<input type="checkbox"/> Delete
NAME	MOLLBERG, RUSSELL J	
STREET ADDRESS	19013 ORLANDO ROAD S	
CITY-ST-ZIP	FORT MYERS FL 33912-3719	
TITLE	S	<input type="checkbox"/> Delete
NAME	MOLLBERG, DOROTHEA J	
STREET ADDRESS	19013 ORLANDO ROAD S	
CITY-ST-ZIP	FORT MYERS FL 33912-3719	
TITLE	V	<input type="checkbox"/> Delete
NAME	ZAUGG, KRISTINE D	
STREET ADDRESS	133 LAKESIDE CR	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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02/04/04-80072-008 158.75

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: Russell E. Mollberg Jr. - Russell E. MOLLBERG JR. JAN 30, 2004 (239) 415-8665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #