2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT DOCUMENT # K16534

1. Entity Name
KANATERRA CORPORATION



FILED Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90281 026 ***150.00

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Principal Place of Business				Mailing Address				•				
700 E MOODY BLVD			7	OO E MOODY BLVD								
BOX 727				BOX 727								
BUNNELL, FL 32110-0727			В	BUNNELL, FL 32110-0727				I 15318 61	IL IIBIA BIIGI BIIBE NIEI			
2 Principal Blace of Business				0.11-33								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				04040004	Cha D	CDOE	:024 /40/00\	
								04212004	Chg-P	CHZE	034 (10/03)	
City & State				City & State				4. FEI Numb			A	pplied For
								59-306	0263		No	ot Applicable
Zip	Zip Country			Zip Country				5. Certificate	of Status Desire	d 🗆	\$8.75 Add	
6 Name and Address of Comment I				Periptered Agent				Fee Required				
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
CANAKARIS, JOHN M., M.D.												
700 E. MOODY BLVD,				Str			treet Address (P.O. Box Number is Not Acceptable)					
P.O. BOX 727 BUNNELL, FL 32010												
BOINNELL, FL 32010					City					Zip Cod	10	
										F	┕╵	
	named entity ions of registe	/ submits this statemen ered agent.	t for the p	ourpose of changing its	s register	ed office or re	egisten	ed agent, or bo	th, in the State o	f Florida. I ar	n familiar with,	and accept
SIGNATURE_	Signature, typed	originated name of registered ag	ent and title	if applicable. (NO	E: Registere	d Agent signature	required	when reinstating)		DATE		
·		TSE					· ·					
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.0												
		Fee will be \$55	0.00	Trust Fund Con	tribution.		Adde	ed to Fees				
10.		OFFICERS A	ND DIRFO	CTORS	11.			ADDITIONS	L /CHANGES TO (DEFICERS AN	ID DIBECTOR	IS IN 11
TITLE	PD	3.35 3.35	10 0	☐ Delete	TITL	<u> </u>		ABBITTORIO	,01411020101	ST TOLING 7 II	☐ Change	Addition
NAME	CANAKARIS, JOHN M.										onengo	
STREET ADDRESS					STRE	ET ADDRESS						
CITY-ST-ZIP	BUNNELL, FL CITY					-ST-ZIP						
TITLE	VD			☐ Delete	TITL	E			-		☐ Change	☐ Addition
NAME	CANAKARIS, GEORGIA K.			NAMI		E						
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP	BUNNELL	., FL			-ST-ZIP							
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NAME	Ī				NAM	E						
STREET ADDRESS						ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP		e information supplied v			CiTY	-ST-ZIP					·	-

2. Thereby certify that the information supplied with this filling does not qualify to the exemption stated in Section 119.07(5)(f), Florida Statutes. Therefore certify that the information indicated on this report or suppliemental 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone