2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K54157

Title:

Name:

Address:

City-St-Zip:

FILED Jan 06, 2004 Secretary of State

Entity Nam	ie: KLB ASS	SOCIATES, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
9999 COLL	TH L. BAGWI INS AVE., AF CH, FL 3315	PT. 11-A				
Current Mailing Address:			New Mailir	New Mailing Address:		
9999 COLL	TH L. BAGWI INS AVE., AF CH, FL 3315	PT. 11-A				
FEI Number:	65-0094660	FEI Number Applied For ()	FEI Number Not Appli	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
9999 COLL APT. 11-A	KENNETH I INS AVE. CH, FL 3315					
The above in the State		submits this statement for the pu	rpose of changing it	its registered office or registered agent, or b	oth,	
SIGNATUR						
		nic Signature of Registered Agen	t	Date		
Election Cam	paign Financir	ng Trust Fund Contribution ().				
OFFICERS	AND DIREC	CTORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIREC	TORS:	
Title: Name: Address: City-St-Zip:	BAGWELL, KI	S AVE., APT. 11A	Title: Name: Address: City-St-Zip:	()Change()Addition		
Title: Name: Address: City-St-Zip:	D (SIEGEL, KATH 5476 AVEMOR DUBLIN, OH	RE CT.	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	BAGWELL, KI	SPRINGS RD.	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BAGWELL, KRIS 3986 POWERS FERRY ROAD ATLANTA, GA 30342		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KENNETH L. BAGWELL **PRES** 01/06/2004

() Delete

DELRAY BEACH, FL 33483

BAGWELL, KURT

929 IRIS DR.

() Change () Addition