


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90025 014 ***150.00

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|---|--|---|--|--|--|
| DOCUMENT # K97359 1. Entity Name K & S BED AND BATH, INC. | | | |  | |
| Principal Place of Business 445 21ST STREET VERO BEACH, FL 32960 US | | | Mailing Address 3035 11TH AVE VERO BEACH, FL 32960 US | | |
| 2. Principal Place of Business 2046 C 21ST STREET Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State SAME | | City & State | | 4. FEI Number 59-2950873 | |
| Zip SAME | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MCHUGH, JOHN J. JR. 333 17TH STREET, SUITE U VERO BEACH, FL 32960 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE D <input type="checkbox"/> Delete NAME ALBER, JOHN P. STREET ADDRESS 3035 11TH AVE CITY-ST-ZIP VERO BEACH, FL 32960 | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE D <input checked="" type="checkbox"/> Delete NAME ALBER, KRISTINE S. STREET ADDRESS 3035 11TH AVE CITY-ST-ZIP VERO BEACH, FL 32960 | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
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| 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: <u>JOHN P ALBER</u> 2/20/04 772299297 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |