


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90553 036 \*\*\*\*50.00

<b>DOCUMENT # L02000013820</b> 1. Entity Name <b>K &amp; A RESIDENTIAL AND COMMERCIAL SERVICES LLC</b>			
Principal Place of Business <b>1902 SE FELTON AVENUE PORT ST. LUCIE, FL 34952</b>		Mailing Address <b>1902 SE FELTON AVENUE PORT ST. LUCIE, FL 34952</b>	
2. Principal Place of Business <b>1924 SE Felton Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>1924 SE Felton Ave</b> Suite, Apt. #, etc.	
City & State <b>Port St Lucie, FL</b> Zip <b>34952</b> Country <b>St. Lucie</b>		City & State <b>Port St Lucie, FL</b> Zip <b>34952</b> Country <b>St. Lucie</b>	
4. FEI Number <b>01-0699843</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KNOWL DEN, SCOTT</b> <b>1902 SE FELTON AVENUE</b> <b>PORT ST. LUCIE, FL 34952</b>		7. Name and Address of New Registered Agent Name <b>Knowlden Scott</b> Street Address (P.O. Box Number is Not Acceptable) <b>1924 SE Felton Ave</b> \$ City <b>Port St Lucie</b> <b>FL</b> Zip Code <b>34952</b>	
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 _____			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KNOWL DEN, SCOTT 1902 SE FULTON AVE PORT SAINT LUCIE, FL 34953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Knowlden Scott 1924 SE Felton Ave Port Saint Lucie, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLEN, CHRISTOPHER 4549 SE DARLINGTON STREET PORT SAINT LUCIE, FL 34953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Allen, Christopher 2311 Bowie Street Port Saint Lucie, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
<b>SIGNATURE:</b> <u>Scott W. Knowlden</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		<u>3/16/04</u> Date	<u>772-370-9719</u> Daytime Phone #