

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90046 023 ***150.00

DOCUMENT # L73726

1. Entity Name

KONGER CORAL SEA AQUARIUM, INC.



Principal Place of Business

850 DODECANESE BLVD.
TARPON SPRINGS FL 34689
US

Mailing Address

1247 ROYAL OAK DR.
DUNEDIN FL 34698
US

24028328



MOORE

CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3054429

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KONGER, SCOTT
1247 ROYAL OAK DR
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1181 Anclofe Rd Lot #3

City

Tarpon Springs

FL

Zip Code

34689

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P ☐ Delete
NAME KONGER, SCOTT
STREET ADDRESS 1247 ROYAL OAK DR
CITY-ST-ZIP DUNEDIN FL 34698

TITLE S ☐ Delete
NAME KONGER, MARY ANN
STREET ADDRESS 1109 MANDARIN DR
CITY-ST-ZIP HOLIDAY FL 34691

TITLE T ☐ Delete
NAME KONGER, J KURTIS
STREET ADDRESS 1109 MANDARIN DR
CITY-ST-ZIP HOLIDAY FL 34691

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1181 Anclofe Rd Lot #3
CITY-ST-ZIP Tarpon Springs FL 34689

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Scott Konger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04

Date

727 938-5378

Daytime Phone #