2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 06, 2004 08:00 AM Secretary of State DOCUMENT # L79170 1. Entity Name K & S MANUFACTURING, INC. Principal Place of Business Mailing Address % JOHN KELLY % JOHN KELLY 10771 HWY 40 EAST 10771 HW 40 EAST INGLIS FL 34449 INGLIS FL 34449 2. Principal Place of Business Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3009382 Not Applicable Ζιρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHN W. KELLY Street Address (P.O. Box Number is Not Acceptable) SEA SIDE RETREAT #102 8030 FIRST COAST HWY. AMELIA ISLD FL 32034 City 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. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition 000000079512 NAME KELLY, JOHN W NAME 93/08/04-80**068-**022 150.00 8030 FIRST COAST HWY, #102 STREET ADDRESS STREET ADDRESS CITY - ST- ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP TITLE ☐ Delete THEF Change Addition SHARKEY, JON NAME NAME STREET ADDRESS 11579 OSAGE RD STREET ADDRESS **DUNNELLON FL 34431** CITY - ST - ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME SHARKEY, AMY MAME STREET ADDRESS 11579 OSAGE RD STREET ADDRESS CITY-ST-ZIP DUNNELLON FL 34431 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME KELLY, MARJORIE NAME 8030 FIRST COAST HWY. #102 STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL 32034 CITY-ST-ZIP CITY - ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Maddition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

AMY SHARKEY

3.3.04

352.447.3571

FILED