2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000008525

1. Entity Name
KUBIK FINANCIAL SERVICES, LLC.

Principal Place of Business	Mailing Address
6302 MANATEE AVENUE WEST, SUITE H BRADENTON, FL 34209	6302 MANATEE AVENUE WEST, SUITE H BRADENTON, FL 34209

DO NOT WRITE IN THIS SPACE

01062004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-0965798	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WICKMAN & WYCKOFF, P.A.
4909 MANATEE AVENUE WEST
BRADENTON, FL 34209

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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

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	THOMAS, KUBIK L
STREET ADDRESS	6302 MANATEE W. SUITE 11
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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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.

SIGNATURE: *(signature)* THOMAS L. KUBIK 01-06-04 941-795-5864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #