


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M94678**  
 1. Entity Name  
**KGS OF CENTRAL FLORIDA, INC.**



Principal Place of Business      Mailing Address  
 245 N HWY 17-92      PO BOX 520891  
 LONGWOOD, FL 32750 US      LONGWOOD, FL 32752 US

**DO NOT WRITE IN THIS SPACE**



03152003 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2133243**      Applied For  
 Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

8. Name and Address of Current Registered Agent  
**WEARN, KENNETH J.**  
**4019 GALLAGHER LOOP**  
**CASSELBERRY, FL 32707**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEARN, KENNETH J. 4019 GALLAGHER LOOP CASSELBERRY, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DANGLEMAN, STEPHEN C. 401 LEMON BLUFF RD OSTEEN, FL 32764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ERD, GORDON A 124 LAKE BREEZE CIRCLE LAKE MARY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 06/07/04-80005-010 150.00

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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 indicates 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: *Kenneth J. Wearn*    **KENNETH J. WEARN**    5/21/04    407 332-1511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #