

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N97000000136</b>					
<b>1. Entity Name</b> KIDNAPPED AND HOSTAGE PROGRAM, INC.					
<b>Principal Place of Business</b> 3511 CASA CT SPRING HILL, FL 34607			<b>Mailing Address</b> 3511 CASA CT SPRING HILL, FL 34607		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3424065	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>QUAINE, ROBERT-</b> 3511 CASA COURT SUITE B SPRING HILL, FL 34607			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b> <i>CK-2115</i>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> QUAINE, ROBERT 3511 CASA COURT SPRING HILL, FL 34607		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P-CEO</b> Keith J. Elam 9436 Regency Park Blvd Port Richey, FL 34668	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> BROOKS, ROBERT 19910 BRUCE B DOWNS TAMPA, FL 33467		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>Chair of Board</b> Rusty Cromer 13743 Forest Ridge Ct Hudson, FL 34667	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> FONZO, FRANK 12543 SPRING HOLL DR SPRING HILL, FL 34609		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> Mary Peter 13168 Jacqueline Rd. Brooksville, FL 34613	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>CATT</b> GONZALES, LARRY 2655 MCCORMICK CLEARWATER, FL 33759		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> Carlton E. Miller Jr 1101 Tyvola Rd. Suite 202 Charlotte, North Carolina 28217-3515	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> ELEZIBETH, STRAZZULLO A 1662 U.S. 19 HWY. NORTH HUDSON, FL 34667		05/06/04--01069--018 **\$61.25		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> DRUCBICK, JOHN 7440 GALLOWAY RD BROOKSVILLE, FL 37613		200035728542 05/06/04--01069--018 **\$61.25		
<b>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 617, 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.</b>					
<b>SIGNATURE:</b> <i>Robert Quaine</i>			Date: <i>April 26th '04</i> Daytime Phone #: <i>596-8307</i>		

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04272004 Chg-NP CR2E037 (10/03)

T. Lewis 5/6/04