## 2004 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** Apr 29, 2004 08:00 AM **DOCUMENT # P00000011680 Secretary of State** 1. Entity Name KGF MANAGEMENT, INC. Principal Place of Business Mailing Address 130 CARRICK BEND LANE 750 HAMMOND DRIV BOCA GRANDE, FL 33921 BLDG. 18, SUITE 200 ATLANTA, GA 30328 No Chg-P 01072004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2518998 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 Flonda. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 04/29/04-80063-009 150.00 TITLE NAME BLINÇOE, WILLIAM P III STREET ADDRESS 130 CARRICK BEND LANE CITY-ST-ZIP BOCA GRANDE, FL 33921 HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS

CITY-ST-ZIP

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NAME STREET ADDRESS CITY-ST-7IP

SIGNATORIE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/- 27-04

DO NOT WRITE

IN THIS SPACE

Daytime Phone #