2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # *P00000029431*

1. Entity Name

KAOZ, INC.

Principal Place of Business	Mailing Address
5800 NORTH W STREET PENSACOLA, FL 32505	5800 NORTH W STREET PENSACOLA, FL 32505

24071000

05032004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
59-3633553		Not Applicable

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

6. Name and Address of Current Registered Agent

ROBINSON, CHET
5800 NORTH W STREET
PENSACOLA, FL 32505

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)

05/03/04 DATE

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROBINSON, CHET
STREET ADDRESS	5800 NORTH W STREET
CITY-ST-ZIP	PENSACOLA, FL 32505

TITLE	P
NAME	ROBINSON, SAM
STREET ADDRESS	4212 QUEENS COURT
CITY-ST-ZIP	PACE, FL 32571

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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: _____   *05/03/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #