2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000037039

1. Entity Name
KIM SUNDBERG ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1105 N. JACKADEE POINT INVERNESS, FL 34453	1105 N. JACKADEE POINT INVERNESS, FL 34453

03172004   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3641731	Not Applicable

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

6. Name and Address of Current Registered Agent

SUNDBERG, KIM S
1105 N. JACKADEE POINT
INVERNESS, FL 34453

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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 4-4-04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SUNDBERG, KIM S
STREET ADDRESS	1105 N. JACKADEE POINT
CITY-ST-ZIP	INVERNESS, FL 34453

TITLE	D
NAME	HANNAH, DEBRA L
STREET ADDRESS	1105 N. JACKADEE POINT
CITY-ST-ZIP	INVERNESS, FL 34453

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

U00000106260
04/08/04-80008-014 150.00

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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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-04-04   Daytime Phone # 353-726-5732