

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90011 045 \*\*\*150.00

**DOCUMENT # P00000041229**

1. Entity Name

K.S.R. AGENCY, INC.



Principal Place of Business

% RENAISSANCE WORLDGATE  
3011 MAIN GATE LANE  
KISSIMMEE FL 34747

Mailing Address

320 BLACK OAK CT.  
UNIT 101  
ALTAMONTE SPRINGS FL 32701

34016334



MOORE

CR2E034 (11/03)

2. Principal Place of Business

% ORLANDO NORTH HOTEL  
Suite, Apt. #, etc.  
600 N. LAKE DESTINY DRIVE

3. Mailing Address

1030 WATERSIDE DRIVE  
Suite, Apt. #, etc.

City & State

MAITLAND FL

City & State

CELEBRATION, FL

4. FEI Number

59-3642112

Applied For

Not Applicable

Zip

32751

Country

USA

Zip

34747

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KYANI, IMRAN S  
320 BLACK OAK CT., #101  
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name

KYANI, IMRAN S

Street Address (P.O. Box Number is Not Acceptable)

1030 WATERSIDE DRIVE

City

CELEBRATION

FL

Zip Code

34747

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

*Imran S. Kyani*

IMRAN S. KYANI

DIRECTOR K.S.R. AGENCY INC

28 FEB 04

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD ☒ Delete  
NAME KYANI, IMRAN S  
STREET ADDRESS 3011 MAINGATE LANE  
CITY-ST-ZIP KISSIMMEE FL 34747

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☒ Change ☐ Addition  
NAME KYANI, IMRAN S  
STREET ADDRESS 1030 WATERSIDE DRIVE  
CITY-ST-ZIP CELEBRATION FL 34747

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Imran S. Kyani*

IMRAN S. KYANI

DIRECTOR

28 FEB 04

(407)

660.1950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #