2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P00000042893

Entity Name: K. C. COMMUNICATIONS OF WEST CENTRAL FLORIDA, INC.

Current Principal Place of Business:

3169 HARVEST MOON DR.
PALM HARBOR, FL 34683

New Principal Place of Business:

3315 HOOVER DRIVE
HOLIDAY, FL 34691

Current Mailing Address:

3169 HARVEST MOON DR.
PALM HARBOR, FL 34683

New Mailing Address:

3315 HOOVER DRIVE
HOLIDAY, FL 34691

FEI Number: 59-3656590 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TIBBITS, PETER D III
3169 HARVEST MOON DR.
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

QUITERIO, CAROLYNLEE E
3315 HOOVER DR
HOLIDAY, FL 34691 US

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.

SIGNATURE: CAROLYNLEE E QUITERIO 04/30/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: QUITERIO, CAROLYN E
Address: 3315 HOOVER ST.
City-St-Zip: HOLIDAY, FL

Title: D ( ) Delete
Name: QUITERIO, ARQUIMEDES
Address: 3315 HOOVER ST.
City-St-Zip: HOLIDAY, FL

Title: D ( ) Delete
Name: TIBBITS, CAROLYN
Address: 3169 HARVEST MOON DR.
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete
Name: TIBBITS, PETER D III
Address: 3169 HARVEST MOON DR.
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYNLEE E QUITERIO PRES 04/30/2004
Electronic Signature of Signing Officer or Director Date