2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000044303 1. Entity Name KJ SOCCER, INC.

FILED May 03, 2004 08:00 AN Secretary of State

Principal Place of Business 15709 WOODSHED PLACE TAMPA, FL 33624

Mailing Address 15709 WOODSHED PLACE **TAMPA, FL 33624**



DO NOT WRITE IN THIS SPACE

04192004	No Chg-P	CR2E034 (10/03)		
- FE(1)			Anniine For	

4. FEI NUMBER	/Appared Lot
59-3643930	 Not Applicab
5. Certificate of Status Desired	75 Additional

6. Name and Address of Current Registered Agent

JONES, KELVIN M 15709 WOODSHED PLACE TAMPA, FL 33624

DO NOT WRITE IN THIS SPACE

	سنسب مدورون والمراج			and and a second second	
	named entity submits this statement for the plions of registered agent.		or registered agent, or bo	oth, in the State of Florida. I am familia	with, and accept
SIGNATURE_	Signature, typed or printed reme of registered agent and life i	i servicable (NOTE Security of Arest en	gnature required when reinstalling)	DATE	
	Signature, typed or printed retrie or registured agent and the	applicable. [40.5] Hebiste en About st	Prisate reduces when remarking	, <u> </u>	
	E NOW!!! FEE IS \$150.00 ny 1, 2004 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	05/04/04-80101-021	150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST JONES, KELVIN M 15709 WOODSHED PLACE TAMPA, FL 33624				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, KELVIN M 15709 WOODSHED PLACE TAMPA, FL 33624				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· <u>· · · · · · · · · · · · · · · · · · </u>	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CHY-ST-ZIP			IN	THIS SPACE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP			<u> </u>	:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			د د د د د د د د د د د د د د د د د د د		, <u>, , , , , , , , , , , , , , , , , , </u>
12. I hereby of indicated	certify that the information supplied with this fit on this report or supplemental report is true.	ling does not qualify for the exemption and accurate and that my signature sha	stated in Section 119,07(3 ill have the same legal effe)(i), Florida Statutes. I further certify that can an an	it the information officer or director

of the corporation or the receiver or trustee ampowered 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:	_
------------	---

NAME OF SIGNING OFFICER OR DIRECTOR