## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

## Mar 04, 2004 08:00 AM Secretary of State DOCUMENT # P00000060096 K-TRANS EXCEL, INC. Principal Place of Business Mailing Address 1006 17TH AVE 1006 17TH AVE SEBRING, FL 33872 SEBRING, FL 33875 01232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FELNumber NOT APPLICABLE Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent RUGGIERO, KATHY S DO NOT WRITE 1006 17TH AVE SEBRING, FL 33875 IN THIS SPACE 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed theme of registered agent and tale it applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE U00000076151 03/04/04-80016-020 150.00 NAME RUGGIERO, KATHY S 1006 17TH AVENUE STREET ADDRESS CRY-ST-ZIP SEBRING, FL 33875 TITLE MARK STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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

**FILED**