


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000063935**  
 1. Entity Name  
**KUDLA ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
**8309 GUNN HWY**                      **8309 GUNN HWY**  
**TAMPA, FL 33626**                      **TAMPA, FL 33626**



07012004    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>59-3654332</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |

6. Name and Address of Current Registered Agent  
**KUDLA, VINCENT R**  
**8309 GUNN HWY**  
**TAMPA, FL 33626**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 8, 2004**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>KUDLA, VINCENT R<br>8309 GUNN HWY<br>TAMPA, FL 33626 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPTS<br>KUDLA, TRACIE<br>8309 GUNN HWY<br>TAMPA, FL 33626 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

U00000163580  
 07/07/04-80009-001 550.00

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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)(f), 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: Vincent Kudla      VINCENT KUDLA      7/1/04      (813)925-1997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #