


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90501 006 \*\*\*150.00

**DOCUMENT # P0000082308**

1. Entity Name  
**KEVIN'S BILLIARDS SUPPLY, INC.**



Principal Place of Business <b>2425 N. COURTEWAY          #105          MERRITT ISLAND, FL 32953</b>	Mailing Address <b>2425 N. COURTEWAY          #105          MERRITT ISLAND, FL 32953</b>
---	---

**54039995**



04202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3668253</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KEMPPANION, KEVIN  
 1650 RIVIERA DRIVE  
 MERRITT ISLAND, FL 32952**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00        After May 1, 2004 Fee will be \$550.00</b>	<b>9.</b> Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
--	--

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KEMPPANION, KEVIN 1650 RIVIERA DRIVE MERRITT ISLAND, FL 32952</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KEMPPANION, CHERYL 1650 RIVIERA DR MERRITT ISLAND, FL 32952</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**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:** *Cheryl Kemppanion Cheryl Kemppanion* **4-2004321-693-237**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #