


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

|   |   |         |   |   |  |
|---|---|---------|---|---|--|
| <b>DOCUMENT # P00000099589</b><br>1. Entity Name<br>KJC HOLDING, INC.   |   |         |   |                                |  |
| Principal Place of Business<br>20068THAVESW<br>LARGO, FL 33770  |   |         | Mailing Address<br>20068THAVESW<br>LARGO, FL 33770                                  |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |         | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |  |
| City & State  |   |         | City & State  |   |  |
| Zip   |   | Country |   | Zip   |  |
| Country   |   | Country |   | 4. FEI Number<br>59-3678004   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |         |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br>FINANCIAL FOUNDATIONS, INC.<br>3150 DANDY RIDGE DRIVE<br>CLEARWATER, FL 33761  |   |         |   |   |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code  |   |         |   |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |         |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |   |         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   |  |
| <b>\$5.00 May Be</b><br><b>Added to Fees</b>  |   |         |   |   |  |
| 10. OFFICERS AND DIRECTORS  |   |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                               |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>COSTA, JOHN J<br>2006 8TH AVE SW<br>LARGO, FL 33770    |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>U000000151797<br>05/04/04-80061-005 150.00 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>COSTA, LESLEE J<br>2006 8TH AVE SW<br>LARGO, FL 33770 |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                             |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                             |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                             |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                             |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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. |   |         |   |   |  |
| <b>SIGNATURE:</b> <i>Leslee Costa</i> <span style="float: right;">4.30.04</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |         |   |   |  |
| <small>Date</small>   |   |         |   |   |  |
| <small>Daytime Phone #</small>  |   |         |   |   |  |