

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

mailed March 3-04
#1337

DOCUMENT # P00000103824

1. Entity Name

KLLB ENTERPRISES INC.



FILED

04 JUL -7 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/29/04 90082 04P 150



MOORE CR2E034 (11/03)

Principal Place of Business: 915 PINE ST CLEARWATER FL 33756
360 Woodlawn Ave BELLERIE
Mailing Address: 915 PINE ST CLEARWATER FL 33756
Same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3897035

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUCKLEW, KRISTINA L

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

Kristina Bucklew
360 Woodlawn Ave.
Belleair, FL 33756-2041

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

Signature, typed or printed name of registered agent and title if applicable

(If/Of: Registered Agent Signature Required when Filing/Of)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D
NAME: BUCKLEW, KRISTINA L
STREET ADDRESS: 915 PINE ST
CITY-ST-ZIP: CLEARWATER FL 33756
360 Woodlawn Ave BELLERIE

TITLE: ☐ Delete
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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CITY-ST-ZIP: ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone



Miss Kristina Bucklew
360 Woodlawn Ave
Belleair FL 33756-2041

THE HUMANE SOCIETY OF THE UNITED STATES

To Whom it May Concern,

I have tried for days
to reach some one by
phone regarding this
matter. As I was
was able to reach was
recorded messages.

I mailed my check
for \$150.00 March 3, 04
1337 along with

Annual Report. I am
enclosing another copy
of the Annual Report.

Please contact me
as soon as possible,
so I know all is well.

Thank you