

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000002666

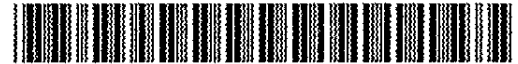
1. Entity Name
KAMMERER ENTERPRISES, INC.



FILED
Apr 01, 2004 08:00 AM
Secretary of State

Principal Place of Business
**3 HARBOR POINT PL
SAFETY HARBOR, FL 34695**

Mailing Address
**3 HARBOR POINT PL
SAFETY HARBOR, FL 34695**



01102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3690646	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KAMMERER, DIANA J
3 HARBOR POINT PL
SAFETY HARBOR, FL 34695**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KAMMERER, RONALD T
STREET ADDRESS	3 HARBOR POINT PL
CITY-ST-ZIP	SAFETY HARBOR, FL 34695

TITLE	D
NAME	KAMMERER, DIANA J
STREET ADDRESS	3 HARBOR POINT PL
CITY-ST-ZIP	SAFETY HARBOR, FL 34695

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)(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: Ronald T. Kammerer *Ronald T. Kammerer* 3/30/04 727.725.5954
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #