


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90322 025 \*\*\*150.00

**DOCUMENT # P0100004610**  
 1. Entity Name  
**KF GLOBAL ENTERPRISES, INC**



Principal Place of Business      Mailing Address  
 7858 10TH AVE S      PO BOX 41337  
 ST PETERSBURG, FL 33707      ST PETERSBURG, FL 33743

**66420336**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

02132004      Chg-P      CR2E034 (10/03)  
 4. FEI Number      Applied For  
**59-3707513**      Not Applicable  
 5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KING, DOUGLAS N**  
**7834 10TH AVE S**  
**ST PETERSBURG, FL 33707**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      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: *Douglas N King* President      DATE: 4/14/04  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning)

**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	P	<input type="checkbox"/> Delete
NAME	KING, DOUGLAS N DIR.	
STREET ADDRESS	7834 10TH AVE. S.	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRAWFORD, BOB	
STREET ADDRESS	7858 10TH AVE S	
CITY-ST-ZIP	ST PETERSBURG, FL 33707	
TITLE	V	<input type="checkbox"/> Delete
NAME	UNDERWOOD, BLAINE	
STREET ADDRESS	10263 GANDY, BLVD #307	
CITY-ST-ZIP	ST PETERSBURG, FL 33702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7858 10th Ave. S.	
CITY-ST-ZIP	ST Petersburg, FL 33707	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Douglas N King*      *Douglas King*      DATE: 5/7/04      TELEPHONE: 727 344 2852  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #