


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000011029	
1. Entity Name THE KISS 6, INC.	

Principal Place of Business 3701 S. OSPREY AVENUE SARASOTA, FL 34239	Mailing Address 3701 S. OSPREY AVENUE SARASOTA, FL 34239
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DO NOT WRITE IN THIS SPACE



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1124031	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EDWARDS, SHERYL A ESQ. 1800 SECOND STREET SUITE 757 SARASOTA, FL 34236
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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 reappointing)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000157158 05/06/04-80015-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPER, JAN 3701 S. OSPREY AVENUE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, LUCILLE 3701 S. OSPREY AVENUE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, HELEN 3701 S. OSPREY AVENUE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHEWS, TERRY 3701 S. OSPREY AVENUE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, SHERYL 3701 S. OSPREY AVENUE SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISZ, JOYCE 3701 S. OSPREY AVENUE SARASOTA, FL 34239

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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: <u>Sheryl Morris</u>	<u>4/29/04</u>	<u>941-957-4663</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>