2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000020985

Entity Name

KORE GEAR CORPORATION



FILED Mar 10, 2004 08:00 AM Secretary of State

Principal Place of Business

220 ANN CIRCLE #4 DESTIN, FL 32541 Mailing Address

220 ANN CIRCLE #4 DESTIN, FL 32541



02202004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3703043 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, CAROLYN V H&H ACCOUNTING, INC. 505 MOONEY ROAD FORT WALTON BEACH, FL 32547

DO NOT WRITE IN THIS SPACE

					or stand
	named entity submits this statement for the prions of registered agent.	urpose of changing its reg	istered office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature typed or printed name of registered agent and title if epolicable (NOTE Projectored Agent signature required					DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Trust Fund Contribution. Added to Fei		\$5.00 May 8e Added to Fees	U00000082675 03/10/04-80005-004 150.00
10. OFFICERS AND DIRECTORS					
THTLE NAME STREET ADDRESS CITY-SI-ZIP	D BAKER, CRAIG 220 ANN CIRCLE #4 DESTIN, FL 32541				
TITLE NAME SIREET ADDRESS CITY-SI-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·	IN "	THIS SPACE
TATLE 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:

THE NAME STREET ADDRESS CITY -ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/09

850-837-5082

Daylime Phone #