2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P01000029096 1. Entity Name								Secretary of State				
K-GO STABLES, INC.								•				
Principal Plac	ce of Business		Maile	ng Address		<u> </u>	┪					
2841 NE 36 ST. FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308												
					_							
2. Principal Place of Business			3. Mailing Address									
Suite, Apt.		Suite, Apt. #, etc.					MOORE CR2E	34 (1	1/03)	-		
City & Stat	te	City & State			4.	FEI Number 65-1096463			plied For t Applicable			
Zıp	Country		Zip		Cour	Country		Certificate of Status Desired		.75 Add Required	itional	
	d Address of Current	Register	ed Agent		Name	7. 1	Name and Address of New Register	ed Age	nt			
OLSON, THOMAS D												
2841 NE 36 ST. FT. LAUDERDALE FL 33308						Street Address (P.O. Box Number is Not Acceptable)						
FI. EAUDERDALE PL 33300												
						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	Signature, typed or p	rinted name of registered agent	and tile i ap	plicable (NO)	£ Registere	d Agent signatuse requit	क्षां भ्रतकाः स	einstateg) DAT	Έ			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State								Election Campaign Financing Trust Fund Contribution.			O May Be to Fees	
10. OFFICERS AND DIRECTORS					11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				3 IN 11		
TITLE NAME	D OLSON, THOMAS D			☐ Delete		E		100000000000		Change	☐ Addition	
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NAME					NAM				_	•	_	
STREET ADORESS CITY-ST-ZIP						ET ADDRESS -ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, if 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 emorging the swedthe 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.												

954-630-9730