


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000087948 1. Entity Name KOUCHEKY INC.	
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Principal Place of Business 841 HWY 19 SOUTH PALATKA, FL 32177	Mailing Address 841 HWY 19 SOUTH PALATKA, FL 32177
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DO NOT WRITE IN THIS SPACE



09202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3743521	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 KOUCHEKY, LISA 841 HWY 19 SOUTH PALATKA, FL 32177	DO NOT WRITE IN THIS SPACE
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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: *Lisa Kouchecky* (NOTE: Registered Agent signature required when reinstalling) DATE: 9/20/04

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000172492 09/24/04-80002-002 558.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOUCHEKY, LISA 841 HWY 19 SOUTH PALATKA, FL 32177
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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)(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: *Lisa Kouchecky* *Lisa Kouchecky* 9/20/04 386 546-7364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #