

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000110556

FILED
Apr 30, 2004
Secretary of State

Entity Name: KALB SERVICES INC.

Current Principal Place of Business:

226 SANTA MARTA STREET
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

327 KINDRED BLVD
PORT CHARLOTTE, FL 33954

Current Mailing Address:

226 SANTA MARTA STREET
PORT CHARLOTTE, FL 33954

New Mailing Address:

327 KINDRED BLVD
PORT CHARLOTTE, FL 33954

FEI Number: 65-1154184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALBFELD, WILLIAM H
226 SANTA MARTA STREET
PORT CHARLOTTE, FL 33954

Name and Address of New Registered Agent:

KALBFELD, WILLIAM H
327 KINDRED BLVD
PORT CHARLOTTE, FL 33954

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.

SIGNATURE:

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KALBFELD, WILLIAM H
Address: 226 SANTA MARTA STREET
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: VP () Delete
Name: KALBFELD, KAREN
Address: 226 SANTA MARTA ST.
City-St-Zip: PORT CHARLOTTE, FL 33954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KALBFELD, WILLIAM H
Address: 327 KINDRED BLVD
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: VP (X) Change () Addition
Name: KALBFELD, KAREN
Address: 327 KINDRED BLVD
City-St-Zip: PORT CHARLOTTE, FL 33954

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN KALBFELD

VP

04/30/2004

Electronic Signature of Signing Officer or Director

Date