

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000112117

Entity Name: KRT, INCORPORATED.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

4084 WASH DAVIS RD
PERRY, FL 32347

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 686
ST MARKS, FL 32355

New Mailing Address:

3927 FOLEY CUT-OFF RD
PERRY, FL 32348

FEI Number: 01-0575221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENKINS, KATRINA
4084 WASH DAVIS RD
PERRY, FL 32347

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: JENKINS, KATRINA K
Address: P.O.BOX 686
City-St-Zip: ST MARKS, FL 32355

Title: V () Delete
Name: RAULERSON, JOSEPH T
Address: 3927 FOLEY CUT-OFF ROAD
City-St-Zip: PERRY, FL 32348

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH T RAULERSON

V

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date