

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2004 MAY 12 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000117393

1. Entity Name  
KRJAL, INC.



Principal Place of Business  
5912 NEW KINGS RD.  
JACKSONVILLE, FL 32236

Mailing Address  
7690 W. 311TH ST.  
LOUISBURG, KS 66053



05072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
45-0473180

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RICHARDSON, JOSEPH D  
5912 NEW KINGS RD  
JACKSONVILLE, FL 32236

**DO NOT WRITE  
IN THIS SPACE**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RICHARDSON, JOSEPH D 5912 NEW KINGS RD. JACKSONVILLE, FL 32236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MEYER, BARBARA L 7690 W. 311TH ST. LOUISBURG, KS 66053
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

200036275752  
05/13/04--01077--020 \*\*550.00

**DO NOT WRITE  
IN THIS SPACE**

5/12/04  
VDM

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-04

Date

913-837-4425

Daytime Phone #