

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000119583

Entity Name: KINETIC CONNECTIONS, INC.

FILED  
Apr 05, 2004  
Secretary of State

## Current Principal Place of Business:

2922 SW 92 LN RD  
OCALA, FL 34476

## New Principal Place of Business:

5980 SW 1ST LANE  
OCALA, FL 34474

## Current Mailing Address:

2922 SW 92 LN RD  
OCALA, FL 34476

## New Mailing Address:

5980 SW 1ST LANE  
OCALA, FL 34474

FEI Number: 30-0024260

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WIECHENS, EUGENE A  
445 NE 8TH AVE  
OCALA, FL 34470 US

## 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: PD ( ) Delete  
Name: JONES, GLENDA  
Address: 2922 SW 92 LN RD  
City-St-Zip: OCALA, FL 34476

Title: VP ( ) Delete  
Name: WIECHENS, LESLIE V  
Address: 1441 SE 80TH ST.  
City-St-Zip: OCALA, FL 34481

Title: ST ( ) Delete  
Name: SINES, ANNABELLE  
Address: 18561 SW 108TH PLACE  
City-St-Zip: DUNNELLON, FL 34432

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: GLENDA JONES

PD

04/05/2004

Electronic Signature of Signing Officer or Director

Date