2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

DOCUI 1. Entity Nam KOHL & F					04-30-2004	1 90224 ()20 ***15	50.00			
Principal Place 50 SE KINDR STUART, FL	ED ST, SUITE 107	P.O. BOX 1	Mailing Address P.O. BOX 1166 STUART, FL 34995								
-	lace of Business	3. Mailing Ad	3. Mailing Address								
Suite, Apt.	South Konner Highway #. etc.	Suite. Apt.	Suite. Apt. #, etc.			04272004	Chg-P	CR2E0	34 (10/03)		
City & State	+, Florida		City & State			4. FEI Number 65-1160017			Applied For Not Applicable		
34994		Country Zip Whited States Name and Address of Current Registered Agent		intry	Certificate of Status Desired Name and Address of New Re			\$8.75 Additional Fee Required			
KOHL, N E 50 SE KIN STUART, I	711	Street Ad	Idress (P	V. Decun))					
8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered office.							th, in the State of Flo	orida. Lam f	amiliar with,	and accept	
SIGNATURE Signature for a formed on the of registered agent and this if applicable. (NOTE: Registered Agent signature required when reinstating) DATE.											
FILE NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.	OFFICERS A	NO DIRECTORS	11			ADDITIONS	L /CHANGES TO OFFI	ICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CHY-SI-ZIP	PTD KOHL, N. DEAN JR 50 SE KINDRED ST STE 107 STUART, FL 34994		NA ST	ME	205≲	N. DeanJ south K m, FL 3	conner Mighin	~7	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RICHARD, LANCE P 50 SE KINDRED ST STE 107 STUART, FL 34994		NA STI	TLE UME REET ADDRESS TY-ST-ZIP	VEN	<u>-</u>	ice P. Kanner Hig I4994	may	CJ-Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NA ST	ILE AME REET ADORESS TY-ST-ZIP	,	<u>-</u>			Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NA ST	FLE AME PREET ADDRESS TY-ST-ZIP					Change	☐ Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		Ĺ	NA SI	TLE IME REET ADDRESS IY+ST-ZIP					Change .	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[NA ST	TLE AME REET ADDRESS TY-ST-ZIP			·		Change	☐ Addition	
indicated of the cor changed	certify that the information supplied fon this report or supplemental rep- poration or the receiver or trustors c. or on an attachment with a page 1	ort is true and accur	ate and that my sign	nature shall ha juired by Cha	ave the s pter 607,	ame legal effe , Florida Statut	ct as if made under o es; and that my name	oath; that I a e appears ir	m an officer	or director	
SIGNATURE: SIGNATURE: SIGNATURE OF SIGNING OFFICER OR DIRECTOR No Decu Kohlite, Managing Member 4/29/04											