2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000000269

1. Entity Name

KITTYHAWK COMMUNICATIONS INC.

Principal Place of Business

4800 SW 29TH AVE.

UNIT#1

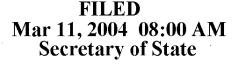
CAPE CORAL, FL 33914

Mailing Address

4800 SW 29TH AVE.

UNIT#1

CAPE CORAL, FL 33914





01162004

No Chg-P

CR2E034 (10/03)

4. FEI Number 01-0629967

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

LINDSTROM, ANN H 4800 SW 29TH AVE. **UNIT #1** CAPE CORAL, FL 33914

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	named entity submits this statement for the plicons of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.						
Signsture, typed or printed name of registered agent and title if applicable (NOTE, Registered				Agont signature required when reinstating? DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	 Election Campaign Finan Trust Fund Contribution. 	cing 🗆	\$5.00 May Be Added to Fees	U00000085120	
10.	ÖFFICERS AND DIREC	TORS			¹-03/11/64-80035-6 05 15 0.6 8	
TOTLE NAME STREET ADDRESS CITY-ST-ZIP	P LINDSTROM, ANN H 4800 SW 29TH AVE. CAPE CORAL, FL 33914					
TITLE NAME STREET ADDRESS GITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		DO NOT WRITE IN THIS SPACE		
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TIFLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

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 pustee empowered to execute this people 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 emplowered.

SIGNATURE:

NAME STREET ADDRESS CRY-ST-ZP