2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Mar 12, 2004 08:00 AM Secretary of State

DOCUMENT	#	P02000001690
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1. Entity Name

K & R MANAGEMENT SERVICES, INC.



Principal Place of Business

1001 STARKEY RD, STE 1 LARGO, FL 33771 Mailing Address

1001 STARKEY RD, STE 1 LARGO, FL 33771



02132004

No Cha-P

CR2E034 (10/03)

4. FEI Number 01-0600152

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAMONTE, JONATHAN J 12110 SEMINOLE BLVD LARGO, FL 33778

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	named entity submits this statement for the plans of registered agent.	urpose of changing its registered	office or registered agent, or	both. In the State of Fjorlda. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and (tile of	applicable (NOTE Registered A	gent signature required when roinstating!	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financk Trust Fund Contribution.	ng \$5.00 May Be		
10.	OFFICERS AND DIREC	TORS		, , , , , , , , , , , , , , , , , , ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, HARRY 1901 STARKEY RD, STE 1 LARGO, FL 33771			U0000008021 03/12/04-80006-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, V. JACK 1001 STARKEY RD, STE 1 LARGO, FL 33771		U3/12/U4-8UUU6-U16 15U.UU		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DC	O NOT WRITE	
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12. Thereby certify that the information supplied with this filling 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 gath, 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 ampowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18/04 127-535-55 Data Continue Proces 8