## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 21, 2004 8:00 am Secretary of State **DOCUMENT # P02000011783** K & T GENERAL SERVICES INC. 04-21-2004 90029 040 \*\*\*150.00 Principal Place of Business Mailing Address 14835 7TH AVE. EAST 14835 7TH AVE: EAST 94058011 BRADENTON: FL 34212 <del>Bradenton, Fl. 34212</del> 3. Mailing Address 2. Principal Place of Business BOX 21461 7.0.9 Suite, Apt. #, etc. Suite, Apt. #, etc. 03292004 CR2E034 (10/03) Chg-P 4. FEI Number 01-0636071 Applied For City & State City & State -NOT-APPLICABLE -Sraden Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3, 1 20r Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Hewic MARTIN-HENICS, TRACY Street Address (P.O. Box Number is Nor Acceptable) 14835-7TH AVE: EAST BRADENTON, FL 34212 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Delete ■ Addition D TITLE TITLE martin-Henics, Trace 13602 The Ave. Cir. NE MARTIN-HENICS, TRACY NAME NAME STREET ADDRESS 14835 7TH AVE, EAST STREET ADDRESS Bradenton, FL 34212 CITY-ST-7IP CITY-ST-ZIP BRADENTON, FL 34212 Change ☐ Addition D ☐ Delete TITLE TITLE HENICS, KAROLY NAME 744 Ave, Cir.NE STREET ADDRESS 13402 14835 7TH AVE EAST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34212 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition Delete TIT! È NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

ED COLTHENIS

**SIGNATURE:** 

FILED

941-737-8910