

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91257 030 ***150.00

DOCUMENT # P02000021378



1. Entity Name
 KINA LUNDGREN, P.A.

Principal Place of Business: 117 S.W. 50TH PLACE, CAPE CORAL, FL 33914
 Mailing Address: 117 S.W. 50TH PLACE, CAPE CORAL, FL 33914

94083821



2. Principal Place of Business: 4727 SW 13TH AVE, Suite. Apt. #, etc. 206
 3. Mailing Address: 4727 SW 13TH AVE, Suite. Apt. #, etc. 206

01152004 Chg-P CR2E034 (10/03)

City & State: CAPE CORAL, FL
 Zip: 33914 Country: USA

4. FEI Number: 03-0388011
 Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LUNDGREN, KINA
 117 S.W. 50TH PLACE
 CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent
 Name: KINA LUNDGREN
 Street Address (P.O. Box Number is Not Acceptable): 4727 SW 13TH AVE #206
 City: CAPE CORAL FL Zip Code: 33914

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: *[Signature]* DATE: 4-30-04
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: D <input type="checkbox"/> Delete	NAME: LUNDGREN, KINA
STREET ADDRESS: 117 S.W. 50TH PLACE	CITY-ST-ZIP: CAPE CORAL, FL 33914
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Delete	NAME:
STREET ADDRESS:	CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS: 4727 SW 13TH AVE #206	CITY-ST-ZIP: CAPE CORAL, FL 33914
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	CITY-ST-ZIP:
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:
STREET ADDRESS:	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.

SIGNATURE: *[Signature]* DATE: 4-30-04 DAY/TIME PHONE #: 239-225-8687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR