2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# P02000035879

Entity Name: KLB GROUP DEVELOPER INC.

Current Principal Place of Business:

2531 SOUTH ADAMS STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 6364
TALLAHASSEE, FL 313146364

New Mailing Address:

FEI Number: 02-0553508 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARBER, KENNETH
2531 SOUTH ADAMS STREET
TALLAHASSEE, FL 32301

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BARBER, KENTRYCE L
Address: 2531 SOUTH ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD ( ) Delete
Name: LAWRENCE, DARRELL
Address: 551 W. CAROLINA STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete
Name: OWENS, HAZEL
Address: 2909 PONTIAC DRIVE
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: HAZEL, OWNES
Address: 2909 PONTIAC DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Change ( ) Addition
Name: GLENN, LU BENNIE
Address: 1326 COLORADO
City-St-Zip: TALLAHASSEE, FL 32304

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENTRYCE BARBER PD 04/28/2004

Electronic Signature of Signing Officer or Director — Date