## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 26 DOCUMENT # P02000037687 Entity Name
M.L. KOLBE ART STUDIO, INC. Principal Place of Business Mailing Address 123 EAST COURT ST. 123 EAST COURT ST. TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Numb Applied For 45-0477148 Not Applicable 5. Certificate of Status Desired \$8.75 Additional П 6. Name and Address of Current Registered Agent KOLBE, MITCH DO NOT WRITE 123 EAST COURT ST. TARPON SPRINGS, FL 34689 IN THIS SPACE 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 SIGNATURE 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 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD 11111 KOLBE, MITCH 123 EAST COURT ST. STREET ADDRESS CITY-SI-ZIP TARPON SPRINGS, FL 34689 TITLE U00000131168 04/26/04-80145-006 150.00 NAME STREET AUDRESS CHY-SI-ZIP THLE NAME SUBSET ADDRESS DO NOT WRITE CITY-ST-ZIP HILL IN THIS SPACE NAME STREET ADDRESS CHY-ST-ZIP nite NAME STREET ADDRESS CHY-ST-ZIP 1171.5 NAME STREET ADDRESS

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 his 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.

CHY-\$1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

-22-04

727.942-2924