


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000042318		
1. Entity Name KBD, INC.		
Principal Place of Business 3637 HWY 231 PANAMA CITY, FL 32404	Mailing Address 3637 HWY 231 PANAMA CITY, FL 32404	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SCOFIELD, DAVID D 3637 HWY 231 PANAMA CITY, FL 32404		DO NOT WRITE 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 the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCOFIELD, DAVID D 3637 HWY 231 PANAMA CITY, FL 32404	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAYNES, KERRY B 3637 HWY 231 PANAMA CITY, FL 32404	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOREHAND, BENNY L 3637 HWY 231 PANAMA CITY, FL 32404	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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)(b), 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: <u>David Scofield</u> <u>DAVID Scofield</u>		1-14-04 850-769-3518
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0662354	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/16/04-80034-015 150.00

**DO NOT WRITE
IN THIS SPACE**