2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Feb 24, 2004 08:00 AM Secretary of State DOCUMENT # P02000060621 KAHRS COMMERCIAL SYSTEMS INC. Principal Place of Business Mailing Address 2625 KEYSTONE RD 2625 KEYSTONE RD STE 1 TARPON SPRINGS, FL 34688 TARPON SPRINGS, FL 34688 02162004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. EEI Number 01-0714301 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent KAHRS, CAROLYN J DO NOT WRITE 4834 QUILL COURT PALM HARBOR, FL 34685 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 famillar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (FICTE Registered Agent stanature regulard when reinstation) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U000000064308 \$5.00 May Be Added to Fees 02/24/04-80007-011 150.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME KAHRS, HENRY G STREET ADDRESS 4834 QUILL COURT PALM HARBOR, FL 34685 CITY-SY-ZIP TITLE NAME STREET ADDRESS City-57-73P NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITE F IN THIS SPACE NAME STREET ADDRESS CATY-ST-ZIP BILE RAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP
TITLE
NAME
STREET AODRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. KAHRS 2/20/04 (727)945-3868

FILED