2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 06, 2004 8:00 am **Secretary of State** DOCEMENT # P02000061730 1. Entity Name 02-06-2004 90016 008 \*\*\*158.75 K-MATT ENTERPRISES, INC. Principal Place of Business Mailing Address 19707 79TH AVENUE EAST 19707 79TH AVENUE EAST **BRADENTON FL 34202 BRADENTON FL 34202** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 01-0704291 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PREWETT, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 5777 BENEVA ROAD SOUTH SARASOTA-FL-34233= Zip Code FI 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition WILSON, MATTHEW B NAME NAME STREET ADDRESS 19707 79TH AVENUE EAST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202** CiTY-ST-7tP TITLE ST ☐ Delete TITLE Change Change ☐ Addition GEWEYE, CAROLYN M NAME NAME 19707 79TH AVE. EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition WRIGHT, VIRGINIA L NAME NAME STREET ADDRESS 19707 79TH AVE. E STREET ADDRESS **BRADENTON FL 34202** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition Geweye Kevin D 19707 79th Ade E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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with an address, with all other like empower <u>arolyn</u> M STO N SIGNATURE:

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