2004 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P02000068811 1. Entity Name



Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90352 008 ***150.00

PATCHUS Place of Business Mailing Address 1735 BQC ASAMS ST. STE 108 ASAGCSONVILE FL 52222 ASAGCSONVILE FL 52223 ASA	KFR INVESTIGATIONS, INC.				0130 200130332 000	150.00	
1.735 BOLTON ABBEY DRIVE JACKSONVILLE FL 32228 J	Principal Place	e of Business	Mailing Address	<u> </u>	7		
Suite Apt	10 W. ADAMS ST., STE 108 7, 1735 BOLTON ABBEY DRIVE						
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City & State City & State City	2. Principal Place of Business		3. Mailing Address				
The Country Country Country Country St. Certificates of Status Desired St. 75 Addition The Required St. 75 Addition St. 75	Suite, Apt. #, etc.		Suite, Apt. #, etc.		MOORE CR2E034 (11/03)	
So Name and Address of Current Registered Agent	City & State		City & State		4. FEI Number 13-4203756	<u> </u>	
M. MARK HEEKIN, ESQUIRE 1 SLEIMAN PARKWAY SUITE 280 JACKSONVILLE FL 32216 City FL ZIP_Code City FL Z	Zip	Country	Zip	Country			
M. MARK HEEKIN, ESQUIRE 1 SLEIMAN PARKWAY SUITE 280 JACKSONVILLE FL 32216 City FL Zip Code City FL Z		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Ag	ent	
Sireet Address IV.1. Box Number is Not Acceptable) Sireet Address IV.1. Box Number is Not Acceptable) FL Ze_Code City FL Ze_Code City FL Ze_Code City FL Ze_Code City FL Ze_Code FL			ينا الانتخاب الماسيد	Name	~		
### Chips City FL Zip Cod ### Chips Chip Chip Chip Chip ### Chips Chip Chip Chip Chip #### Chips Chip Chip Chip Chip #### Chips Chip Chip Chip Chip ###################################	1 SLEIMAN PARKWAY			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
City FL Zp.Code							
SIGNATURE Spreament parted segented dealer of regulatered agent and title if applicable (NOTE Registered Agent significate reconstance) DATE	UNO	1100114162616		City	FL	Zip Code	
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After May 1: 2004: Fee will be \$550.00 Make Check Payable to Florida Department of State. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE NAME SIRRET ADDRESS CITY-ST-2P TITLE NAME	SIGNATURE -	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature requir	ed when reinstating) DATE		
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		certify that the information cumplied with	h this filing does not qualify for		Section 119 07/3Vi) Florida Statutas Lighter cartil	y that the information	

of the corporation or 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:

904 798-8111