

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2004 8:00 am**  
**Secretary of State**

07-22-2004 90004 024 \*\*\*150.00

<b>DOCUMENT # P02000109811</b> 1. Entity Name <b>KIL'N TIME STUDIO, INC.</b>					
Principal Place of Business <b>5638 WOODBINE ROAD PACE, FL 32571</b>			Mailing Address <b>33147 GLENEAGLES DR. PACE, FL 32571</b>		
2. Principal Place of Business		3. Mailing Address <b>5638 Woodbine Road</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Pace FL</b>			
Zip	Country	Zip <b>32571</b>	Country <b>USA</b>	4. FEI Number <b>59-2297255</b>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FREELAND, JOSEPH 3317 GLENEAGLES DRIVE PACE, FL 32571</b>			7. Name and Address of New Registered Agent Name <b>John L. Talamo</b> Street Address (P.O. Box Number is Not Acceptable) <b>4271 Heart Pine Circle</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32504</b>		
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 <b>John L. Talamo</b> DATE <b>7-19-04</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FREELAND, RACHEL</b> <b>3317 GLENEAGLES DRIVE</b> <b>PACE, FL 32571</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>John L. Talamo</b> <b>4271 Heart Pine Circle</b> <b>Pensacola FL 32504</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Carol A. Talamo</b> <b>4271 Heart Pine Circle</b> <b>Pensacola, FL 32504</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>John L. Talamo</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>7-19-04</b> <b>850-994-3922</b> <small>Date Time Phone #</small>		

34064377



07172004 Chg-P CR2E034 (10/03)