


2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/8/2

FILED
Sep 28, 2004 8:00 am
Secretary of State

09-08-2004 90121 041 ***550.00

DOCUMENT # P03000015178			
1. Entity Name KFDA, INC.			
Principal Place of Business 99 ORANGE STREET ST AUGUSTINE, FL 32084		Mailing Address 99 ORANGE STREET ST AUGUSTINE, FL 32084	
2. Principal Place of Business 3942 AIA SOUTH		3. Mailing Address 601 CEDAR BOUGH CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ST AUGUSTINE FL		City & State ST. AUGUSTINE FL	
Zip 32080		Zip 32080	
Country ST. JOHNS		Country ST. JOHNS	
4. FEI Number 161654793		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT, ALLEN 99 ORANGE STREET ST AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent DARLENE J. ARMSTRONG 601 CEDAR BOUGH CT ST. AUGUSTINE FL 32080	
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: <u><i>Darlene J. Armstrong</i></u> DATE: <u>Sept 02/04</u> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, ALLEN 99 ORANGE STREET ST AUGUSTINE, FL 32084 <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	DARLENE J ARMSTRONG. PRES. 601 CEDAR BOUGH CT ST AUGUSTINE FL 32080 <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
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: <u><i>Darlene J. Armstrong</i></u>		Date: <u>Sept 20/04</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

with apologies



Attachment
06434200

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

September 10, 2004

KFDA, INC.
601 CEDAR BOUGH CT
SAINT AUGUSTINE, FL 32080

Subject: KFDA, INC.

Reference Number: P03000015178

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$550.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

List the street address of each officer/director listed on the report or on an attachment.

The annual report/uniform business report must be signed by an officer or director of the corporation.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-
1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION