

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000023317

FILED
Jul 25, 2004
Secretary of State

Entity Name: CAFE' KILN, INC.

Current Principal Place of Business:

1944 SETON DRIVE
CLEARWATER, FL 33763

New Principal Place of Business:

3150 TAMPA RD
SUITE 5
OLDSMAR, FL 34677

Current Mailing Address:

1944 SETON DRIVE
CLEARWATER, FL 33763

New Mailing Address:

2125 VIOLA DRIVE
CLEARWATER, FL 33764

FEI Number: 04-3747470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 323010000 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STONELAKE, NATALIE
Address: 1944 SETON DRIVE
City-St-Zip: CLEARWATER, FL 33763

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: STONELAKE, NATALIE
Address: 2125 VIOLA DRIVE
City-St-Zip: CLEARWATER, FL 33764

Title: VP () Change (X) Addition
Name: STONELAKE, MICHAEL
Address: 2125 VIOLA DRIVE
City-St-Zip: CLEARWATER, FL 33764

Title: TREA () Change (X) Addition
Name: STONELAKE, MICHAEL
Address: 2125 VIOLA DR
City-St-Zip: CLEARWATER, FL 33764

Title: SECY () Change (X) Addition
Name: STONELAKE, NATALIE
Address: 2125 VIOLA DR
City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATALIE STONELAKE

PRES

07/25/2004

Electronic Signature of Signing Officer or Director

Date