


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000048092		
1. Entity Name K. SELECTIVE CHOICES INC.		

FILED
04 APR 30 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business P. O. BOX 433 HAVANA, FL 32333	Mailing Address P. O. BOX 433 HAVANA, FL 32333
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2. Principal Place of Business 10 Barber Rd		3. Mailing Address P.O. Box 437	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Hav	
City & State Havana, FL		City & State Havana, FL	
Zip 32333	Country Cadslen	Zip 32333	Country Cadslen


04302004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent GOLDEN, KIMMIE S 10 BARBER ROAD HAVANA, FL 32333		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

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 Kimmie Golden
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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDEN, KIMMIE S P. O. BOX 433 HAVANA, FL 32333 <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	Ben Golden P.O. Box 433 Havana, FL 32333 <input type="checkbox"/> Delete Trustee	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Katasha Wallace 1388 Johnson Rd (Executive) Havana, FL 32333 <input type="checkbox"/> Delete Secretary	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

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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>Kimmie Golden</u> Signature and typed or printed name of signing officer or director	4/30/03 Date	Daytime Phone #
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