## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000056740

Title:

Name:

Address:

City-St-Zip:

Entity Name: KL POOL PREPPING, INC.

FILED Apr 28, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 25412 SARASOTA, FL 342772412 **Current Mailing Address: New Mailing Address:** P.O. BOX 25412 SARASOTA, FL 342772412 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOCKE, KURT 12474 RIVER RD. US MYAKKA CITY, FL 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PD () Delete Title: () Change () Addition LOCKE, KURT Name: Name: 12474 RIVER RD. Address: Address: City-St-Zip: MYAKKA CITY, FL 34251 City-St-Zip: Title: VD Title: ( ) Delete () Change () Addition Name: HICKLE, SHANE Name: 5020 PRESTON WAY Address: Address: SARASOTA, FL 34232 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition LOCKE, JUSTIN Name: Name: 12474 RIVER RD Address: Address: City-St-Zip: MYAKKA CITY, FL 34251 City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KURT LOCKE PD 04/28/2004

( ) Delete

LOCKE, BRENDA

12474 RIVER RD

MYAKKA CITY, FL 34251

() Change () Addition