



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-22-2004 90011 002 \*\*\*150.00

<b>DOCUMENT # P03000073882</b> 1. Entity Name <b>KAB EQUIPMENT &amp; SUPPLY, INC.</b>					
Principal Place of Business <b>LOT 2 DOPEY DRIVE</b> <b>LAKE BUENA VISTA, FL 32830 US</b>			Mailing Address <b>LOT 2 DOPEY DRIVE</b> <b>LAKE BUENA VISTA, FL 32830 US</b>		
2. Principal Place of Business <b>13550 Granville Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>13550 Granville Avenue</b> Suite, Apt. #, etc.			
City & State <b>Clermont, Florida</b> Zip Country <b>34711 USA</b>		City & State <b>Clermont, Florida</b> Zip Country <b>34711 USA</b>		4. FEI Number <b>90-0130766</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BRUNS, KAREN</b> <b>LOT 2 DOPEY DRIVE</b> <b>LAKE BUENA VISTA, FL 32830</b>			7. Name and Address of New Registered Agent Name <b>Karen Bruns</b> Street Address (P.O. Box Number is Not Acceptable) <b>13550 Granville Avenue</b> City <b>Clermont FL 34711</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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P <b>BRUNS, KAREN</b> <b>LOT 2 DOPEY DRIVE</b> <b>LAKE BUENA VISTA, FL 32830</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P <b>Bruns, Karen</b> <b>13550 Granville Avenue</b> <b>Clermont, FL 34711</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP <b>BRUNS, ALAN</b> <b>LOT 2 DOPEY DRIVE</b> <b>LAKE BUENA VISTA, FL 32830</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP <b>Bruns, Alan</b> <b>13550 Granville Avenue</b> <b>Clermont, FL 34711</b> <input checked="" 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	
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>Karen Bruns</u> <b>Karen Bruns</b>			✓ 04/19/2004 ✓ 827-4338		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		