

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90039 038 ***150.00

DOCUMENT # P03000091207					
1. Entity Name KATHRYN'S KORNER, INC.					
Principal Place of Business 5423 MULAT RD. (5413 MULAT Rd) MILTON, FL 32570			Mailing Address 5423 MULAT RD. (5413 MULAT Rd) MILTON, FL 32570		
2. Principal Place of Business 5413 MULAT Road Suite, Apt. #, etc.		3. Mailing Address 5413 MULAT Road Suite, Apt. #, etc.			
City & State MILTON, FL Zip: 32583 Country: USA		City & State MILTON, FL Zip: 32583 Country: USA		4. FEI Number 54-2123050 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03092004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CARTER, KATHRYN A 7323 COPTER LANE MILTON, FL 32570			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____		
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>Kathryn A. Carter</u> DATE: <u>3-16-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE President NAME KATHRYN A. CARTER STREET ADDRESS 7323 COPTER LANE CITY-ST-ZIP MILTON, FL 32570	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V.P. NAME JOHN BRANDON RICHBOUGH STREET ADDRESS 7323 COPTER LANE CITY-ST-ZIP MILTON, FL 32570	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TREASURER NAME BARBARA M. PALMER STREET ADDRESS 6544 EAGLE CREST DRIVE CITY-ST-ZIP MILTON, FL 32570	<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>Kathryn A. Carter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-16-04 850-623-5519 <small>Date Daytime Phone #</small>		