

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90072 003 ***150.00

DOCUMENT # P03000100846 1. Entity Name KEROUAC ENTERPRISES, INC.					
Principal Place of Business 16604 BOY SCOUT RD ODESSA, FL 33556			Mailing Address 16604 BOY SCOUT RD ODESSA, FL 33556		
2. Principal Place of Business 16604 Boy Scout Rd Suite, Apt. #, etc.		3. Mailing Address 16604 Boy Scout Rd Suite, Apt. #, etc.			
City & State Odessa, FL		City & State Odessa, FL		4. FEI Number 71-0955757	
Zip 33556		Country Hillsborough		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PKWY STE. 300 TAMPA, FL 33637-2087				7. Name and Address of New Registered Agent Name Pamela A. Kerouac Street Address (P.O. Box Number is Not Acceptable) 44 Mock St. City St Marks FL Zip Code 32355-0284	
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><i>Pamela A. Kerouac</i></u> DATE <u>4/12/04</u> Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEROUAC, PAMELA DR. 16604 BOY SCOUT RD ODESSA, FL 33556	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 248, 44 Mock St St Marks, FL 32355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEROUAC, PAUL 16604 BOY SCOUT RD ODESSA, FL 33556	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO Box 248, 44 Mock St St. Marks, FL 32355
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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><i>Pamela A. Kerouac</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <u>4/12/04</u> DAYTIME PHONE # <u>813-340-8203</u>		

Attachment

44029148
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Address to:

P.O. Box 248, 44 Mock St.

St. Marks, Fl. 32355

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