


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90059 013 \*\*\*150.00

|   |                      |  |  |   |                                   |
|---|----------------------|--|--|---|-----------------------------------|
| DOCUMENT # P03000107570   |                      |  |  |  |                                   |
| 1. Entity Name<br>KEN KRUPINSKI HOME REPAIRS INC.   |                      |  |  |   |                                   |
| Principal Place of Business<br>11387 S. HWY 301<br>WEBSTER, FL 33597 US   |                      |  | Mailing Address<br>11387 S. HWY 301<br>WEBSTER, FL 33597 .. US |   |                                   |
| 2. Principal Place of Business  |                      |  | 3. Mailing Address   |   |                                   |
| Suite, Apt. #, etc.   |                      |  | Suite, Apt. #, etc.  |   |                                   |
| City & State  |                      |  | City & State   |   |                                   |
| Zip   |                      | Country  | Zip  |   | Country                           |
| 6. Name and Address of Current Registered Agent<br>KRUPINSKI, KENNETH F<br>11387 S. US HWY 301<br>WEBSTER, FL 33597   |                      |  |  | 7. Name and Address of New Registered Agent                                       |                                   |
| Name  |                      |  |  | Name  |                                   |
| Street Address (P.O. Box Number is Not Acceptable)  |                      |  |  | Street Address (P.O. Box Number is Not Acceptable)                                |                                   |
| City  |                      |  |  | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                      |  |  |   |                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>   |                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees  |                                   |
| 10. OFFICERS AND DIRECTORS  |                      |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11          |   |                                   |
| TITLE   | P                    | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  | KRUPINSKI, KENNETH F |  | NAME   |   |                                   |
| STREET ADDRESS  | 11387 S. US HWY 301  |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   | WEBSTER, FL 33597    |  | CITY-ST-ZIP  |   |                                   |
| TITLE   |                      | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                      |  | NAME   |   |                                   |
| STREET ADDRESS  |                      |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   |                      |  | CITY-ST-ZIP  |   |                                   |
| TITLE   |                      | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                      |  | NAME   |   |                                   |
| STREET ADDRESS  |                      |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   |                      |  | CITY-ST-ZIP  |   |                                   |
| TITLE   |                      | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                      |  | NAME   |   |                                   |
| STREET ADDRESS  |                      |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   |                      |  | CITY-ST-ZIP  |   |                                   |
| TITLE   |                      | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME  |                      |  | NAME   |   |                                   |
| STREET ADDRESS  |                      |  | STREET ADDRESS   |   |                                   |
| CITY-ST-ZIP   |                      |  | CITY-ST-ZIP  |   |                                   |
| 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: <i>Kenn Krupinski</i>  |                      |  | X 2-6-04   |   | X 813-714-2322                    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                      |  | Date   |   | Daytime Phone #                   |

94012538



02032004 Chg-P CR2E034 (10/03)

4. FEI Number **80-0472321**  
 Applied For  
 Not Applicable

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