


**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90229 043 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # P03000133389**  
 1. Entity Name  
**KENNETH MACK STROTHER, JR., INC.**



Principal Place of Business      Mailing Address  
**3218 - 40TH ST. NORTH**      **3218 - 40TH ST. NORTH**  
**ST. PETERSBURG, FL 33713**      **ST. PETERSBURG, FL 33713**


2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**66421991**



02282004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**58-2681144**      Not Applicable

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

**6. Name and Address of Current Registered Agent**  
**STROTHER, KENNETH M JR.**  
**3218 - 40TH ST. NORTH**  
**ST. PETERSBURG, FL 33713**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reappointing)

**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	PVT STROTHER, KENNETH M JR.	<input type="checkbox"/> Delete		TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3218 - 40TH ST. NORTH			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33713			CITY-ST-ZIP			
TITLE - NAME		<input type="checkbox"/> Delete		TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE - NAME		<input type="checkbox"/> Delete		TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE - NAME		<input type="checkbox"/> Delete		TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE - NAME		<input type="checkbox"/> Delete		TITLE - NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:** *Kenneth Mack Strother Jr.*      **4-26-04**      **727-463-6054**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #