

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000135448

FILED
Jul 06, 2004
Secretary of State

Entity Name: D.R. KAIN, INC.

Current Principal Place of Business:

1015 NE 8 AVE
OCALA, FL 34470

New Principal Place of Business:

10245 NW 160 AVENUE
MORRISTON, FL 32668

Current Mailing Address:

1015 NE 8 AVE
OCALA, FL 34470

New Mailing Address:

10245 NW 160 AVENUE
MORRISTON, FL 32668

FEI Number: 20-0432897

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAIN, DONALD R
1015 NE 8 AVE
OCALA, FL 34470

Name and Address of New Registered Agent:

KAIN, DONALD R
10245 NW 160 AVENUE
MORRISTON, FL 32668

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

07/06/2004

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KAIN, DONALD R
Address: 10365 NW 160 AVE
City-St-Zip: MORRISTON, FL 32668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KAIN, DONALD R
Address: 10245 NW 160 AVENUE
City-St-Zip: MORRISTON, FL 32668

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD R. KAIN

D

07/06/2004

Electronic Signature of Signing Officer or Director

Date