

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000004159

FILED
Apr 20, 2004
Secretary of State

Entity Name: KOSTERMAN MULTI-LINE SERVICES, INC.

Current Principal Place of Business:

20101 PEACHLAND BLVD
206
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

Current Mailing Address:

PO BOX 495360
PORT CHARLOTTE, FL 33949

New Mailing Address:

FEI Number: 65-0370286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOSTERMAN, THOMAS E
21045 FIRWOOD TERRACE
PORT CHARLOTTE, FL 33954 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KOSTERMAN, THOMAS E
Address: 21045 FIRWOOD TERR
City-St-Zip: PORT CHARLOTTE, FL

Title: VP () Delete
Name: ROBSON, LISA
Address: 21045 FIRWOOD TERR
City-St-Zip: PORT CHARLOTTE, FL

Title: ST () Delete
Name: BARBARA, ALDRICH
Address: 12429 CHAMBERLAIN BLVD
City-St-Zip: PORT CHARLOTTE, FL 339531232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BARBARA ALDRICH

ST

04/20/2004

Electronic Signature of Signing Officer or Director

Date