2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2004 8:00 am Secretary of State **DOCUMENT # P93000016372** 04-21-2004 90018 025 ***150.00 K & L CONSTRUCTION, CORP. Principal Place of Business Mailing Address 3114 PEACHTREE CR 3114 PEACHTREE CR DAVIE, FL 33328 US DAVIE, FL 33328 US 2. Principal Place of Business SABAL 04072004 Chg-P CR2E034 (10/03) Applied For 4. FEI Number 65-0407903 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent SUNCINE, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 3114 PEACHTREE CIR **DAVIE, FL 33328** Zip Code City 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, typed or printed name of registered egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition SUNCINE, JOSEPH NAME NAME STREET ADDRESS 3114 PEACHTREE CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE, FL VP TITLE Delete TITLE ☐ Change ___ Addition SUNCINE, LAVERNE NAME NAME STREET ADDRESS 3114 PEACHTREE CIR STREET ADDRESS CITY-ST-ZIP DAVIE, FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete រារា F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITT F ☐ Change Addition TITLE 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 excluse this 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:

ICER OR DIRECTOR

FILED