2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000029274

1. Entity Name
KAZAK COMPANY, INC.

Principal Place of Business	Mailing Address
TWO INDEPENDENT DR. 204 JACKSONVILLE, FL 32202	1717 SEABREEZE AVE JACKSONVILLE BEACH, FL 32250 US

DO NOT WRITE IN THIS SPACE

01062004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3182920	Not Applicable

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

8. Name and Address of Current Registered Agent

MAXWELL, RONALD W
4811 ATLANTIC BOULEVARD
SUITE 4
JACKSONVILLE, FL 32207-2129

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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	U09000104521 04/06/04-80015-010 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	GANSON, DOUGLAS P
STREET ADDRESS	1717 SEABREEZE AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32250
TITLE	D
NAME	LAWLEY, DEBORAH F
STREET ADDRESS	1717 SEABREEZE AVE.
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Dog Ganson_   4/1/04   904 756 8078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #