## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: /

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # P93000033348** K GROUP UNLIMITED, INC. 04-26-2004 91008 014 \*\*\*150.00 Principal Place of Business Mailing Address 7932 SAILBOAT KEY BLVD **7932 SAILBOAT KEY BLVD** RES #607 ST PETERSBURG, FL 33707 SAINT PETERSBURG, FL 33707 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272004 Chg-P CR2E034 (10/03) Applied For 4. FEI Number City & State City & State 59-3183008 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KUHNY, RONALD J Street Address (P.O. Box Number is Not Acceptable) 7932 SAILBOAT KEY BLVD **RES #607** ST PETERSBURG, FL 33707 City Zip Code FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150 00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D. TITLE ☐ Delete TITLE Change Addition KUHNY, RONALD J. DAME : NAME STREET ADDRESS 7932 SAILBOAT KEY BLVD RES #607 STREET ADDRESS CITY-ST-ZIP ST PETERSBURG, FL 33707 CITY-ST-7IP TILE D ☐ Delete TITLE ☐ Change ☐ Addition KUHNY, GLORIA W NAME NAME 7932 SAILBOAT KEY BLVD RES #607 STREET ADDRESS STREET ADDRESS CRY-ST-7IP ST PETERSBURG, FL 33707 CITY-ST-ZIP TIME ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition 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 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.

**FILED**