


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000074637 1. Entity Name KAPPA ALPHA CORPORATION	
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Principal Place of Business 1018 THOMASVILLE RD #200A TALLAHASSEE, FL 32303 US	Mailing Address 1018 THOMASVILLE RD #200A TALLAHASSEE, FL 32303 US
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DO NOT WRITE IN THIS SPACE



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3271811	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MURRAY, EDWARD E JR
1018 THOMASVILLE RD
#200A
TALLAHASSEE, FL 32303

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IN THIS SPACE**

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000094641 03/23/04-80004-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURRAY, E. EDWARD JR. 2117 JENNETTE STREET TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUTLER, WILLIAM F 997 ILEX WAY TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRELL, MICHAEL P.O. BOX 1510 N/A BAINBRIDGE, GA 21717
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUTIN, N. RICHARD JR. 1316 DILLARD STREET TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BATEMAN, FREDERICK L JR. 300 E. PARK AVENUE TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CLEMMENTS, M.R. JR. 1440 COVEY DRIVE TALLAHASSEE, FL 32312

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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: _____ Date: 3/19/04 Daytime Phone #: 850-224-2300