2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State
02-11-2004 90040 039 ***150.00

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1. Entity Name
KARA ASSOCIATES, INC.

Principal Place of Business	Mailing Address
355 NEWPORT DRIVE INDIALANTIC, FL 32903	355 NEWPORT DRIVE INDIALANTIC, FL 32903

01142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9860 SOUTH TROPICAL TRAIL	9860 SOUTH TROPICAL TRAIL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MERRITT ISLAND FL	City & State: MERRITT ISLAND FL
Zip: 32952 Country: USA	Zip: 32952 Country: USA

4. FEI Number: 59-3301872 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KARA, LISA
355 NEWPORT DRIVE
INDIALANTIC, FL 32903 NEW ADDRESS

7. Name and Address of New Registered Agent

Name: LISA KARA
Street Address (P.O. Box Number is Not Acceptable): 9860 SOUTH TROPICAL TRAIL
City: MERRITT ISLAND FL Zip Code: 32952

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] CRAIG KARA — DATE: 2-5-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARA, LISA 355 NEWPORT DRIVE INDIALANTIC, FL 32903	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARA, CRAIG 355 NEWPORT DRIVE INDIALANTIC, FL 32903	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] CRAIG KARA — Date: 2-5-04 — Daytime Phone #: 321-777-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR