ANNUAL REPORT (AR) 9/20/2004-90004-036-\$8.75-\$8.75 **DOCUMENT # P95000024408** FILED . 1. Entity Name KAPPY KING COLE, INC. 04 OCT - 1 PM 2: 23 Principal Place of Business SECRETARY OF STATE Mailing Address 9280-COLLEGE PKWY 9280 COLLEGE PKWY FORT MYERS FL 39019 TALLAHASSEE, FLORIDA CR2E034 (4/04) MOORE 4. FEI Number Applied For 65-0572385 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -COLE, MARY K. Street Address (P.O. Box Number is Not Acceptable) 5911 TROPICAL DR FORT MYERS FL 33919 City Zip Code 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 a FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE □ Change MALAF COLE, MARY K NAME 800041561565 10/04/04--01016--025 **19 5911 TROPICAL STREET ACCRESS STREET ADORESS **141.25 CITY-ST-ZIP FT. MYERS FL 33919 CITY-ST-ZIP MLE ST Oelete TITLE ☐ Change Addition KOEHANE, CARRIE L KAME NAME STREET ADDRESS. #8 GEORGETOWN STREET ADDRESS FORT MYERS FL 33919 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete MILE ☐ Change ☐ Addition NAME CANTIENY; CHARLES B NAME 1214 SOUTHWEST 9TH COURT STREET ADDRESS STREET ADDRESS ČITY-ST-ZIP CAPE CORAL FL 33991 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ANDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2004 FOR PROFIT CORPORATION



Kappy King Cole

Interior Design Consultant

Professional Member ASID FL ID0003038

9-29-04

Florida Dept. of State Division of Corporations P. O. Box 6327 Tallahassee, Florida, 32314

Dear Sir;

Please abate the late filing fee as we never received the first notice.

Thank you.

Sincerely,

Kappy King Cole