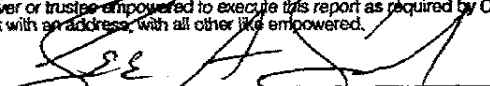


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000095735		
1. Entity Name K & C CLOTHIERS, INC.		
Principal Place of Business 1438 BLACKHAWK TRAIL EAST JACKSONVILLE, FL 32225		Mailing Address 1438 BLACKHAWK TRAIL EAST JACKSONVILLE, FL 32225
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent SMITH, LEE ALLEN 1438 BLACKHAWK TRAIL EAST JACKSONVILLE, FL 32225		DO NOT WRITE IN THIS SPACE
9. 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)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
		U000000138323 04/29/04-80076-018 150.00
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	SMITH, LEE ALLEN	
STREET ADDRESS	1438 BLACKHAWK TRAIL, EAST	
CITY - ST - ZIP	JACKSONVILLE, FL 32225	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
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.		
SIGNATURE: 		4-26-04 904-221-9169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #