## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Mar 16, 2004 8:00 am **Secretary of State DOCUMENT # P95000096728** 03-16-2004 90022 017 \*\*\*150.00 K & R LEASING, INC. Mailing Address Principal Place of Business 882 SW 124TH TERRACE 882 SW 124TH TERRACE **DAVIE. FL 33325 DAVIE, FL 33325** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03102004 CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 59-3351145 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CENCEBAUGH, SANDRA-Street Address (P.O. Box Number is Not Acceptable) 4431 DAVIE ROAD STE 121 DAVIE, FL 33324 Zip Code City 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 reme of registered agent and title if applicable (NOTE: Registered Agent algosture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TTLE Delete TITLE Addition COLDREN, RANDALL J NAME NAME STREET ADDRESS 882 SW 124TH TERRACE STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33325** CITY-ST-ZIP ☐ Delete Change TITLE TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIME. ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TTLE ☐ Delete TITLE Change ☐ Addition 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 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 turther 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. PANDALL J. COLDREN 3/1/04 954-275-1983

FILED