

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000006098**

1. Entity Name  
**KOSKI KLOCK COMPANY, INC.**



Principal Place of Business  
**1025 OHIO AVE.  
PALM HARBOR, FL 34683 US**

Mailing Address  
**1025 OHIO AVE.  
PALM HARBOR, FL 34683 US**

**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3357001**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KOSKI, W. DENNIS  
2890 SWAN CIRCLE  
DUNEDIN, FL 34698**

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IN THIS SPACE**

B. 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)

DATE

**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**

TITLE	PD
NAME	KOSKI, W. DENNIS
STREET ADDRESS	2890 SWAN CIRCLE
CITY- ST- ZIP	DUNEDIN, FL 34698
TITLE	SD
NAME	KOSKI, PEGGY
STREET ADDRESS	2890 SWAN CIRCLE
CITY- ST- ZIP	DUNEDIN, FL 34698
TITLE	VPD
NAME	KOSKI, RYAN M.
STREET ADDRESS	2890 SWAN CIRCLE
CITY- ST- ZIP	DUNEDIN, FL 34698
TITLE	TD
NAME	KOSKI, JARRETT W.
STREET ADDRESS	2890 SWAN CIRCLE
CITY- ST- ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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02/06/04-80164-023 150.00

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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)(b), 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:** W. Dennis Koski W. Dennis Koski 2-2-04 727-785-6697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #