



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90002 010 ***150.00

DOCUMENT # P96000026052 1. Entity Name KRISMAN ENTERPRISES, INC.					
Principal Place of Business 1474 W GRANADA BLVD ORMOND BEACH, FL 32174				Mailing Address 1474 W GRANADA BLVD ORMOND BEACH, FL 32174	
2. Principal Place of Business 1462 W. GRANADA BLVD Suite, Apt. #, etc. #210		3. Mailing Address 1462 W. GRANADA BLVD Suite, Apt. #, etc. #210			
City & State ORMOND BEACH, FL		City & State ORMOND BEACH, FL		03192004 Chg-P CR2E034 (10/03)	
Zip 32174		Country YOLUSIA		4. FEI Number 59-3369834	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HOWERTON, JAMES B 1474 W GRANADA BLVD ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent Name HOWERTON, JAMES B. Street Address (P.O. Box Number is Not Acceptable) 1462 W. GRANADA BLVD. #210 City ORMOND BEACH FL Zip Code 32174		
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: <u><i>James B. Howerton</i></u> PRESIDENT 3-19-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P HOWERTON, JAMES B 4555 S ATLANTIC AVE #4202 PONCE INLET, FL 32127	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HOWERTON, JAMES B 1868 FOROUGH CIRCLE PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOWERTON, JOAN L 4555 S ATLANTIC AVE PONCE INLET, FL 32127	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT HOWERTON, JOAN L. 1868 FOROUGH CIRCLE PORT ORANGE, FL 32128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete		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)(l), 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: <u><i>James B. Howerton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-19-04 (386) 672-5441 <small>Date Daytime Phone #</small>		