## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Thomas Mallini

## **FILED** Jan 18, 2005 08:00 AM **Secretary of State DOCUMENT # P96000036146** 1. Entity Name KILL KARE, INC. Principal Place of Business \_\_\_\_ Mailing Address 2040 NW 67TH PLACE 2040 NW 67TH PL GAINESVILLE, FL 32653 US GAINESVILLE, FL 32653 CR2E034 (10/03) 01102005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 79-3388864 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent MALLINI, G. THOMAS DO NOT WRITE 2040 N.W. 67TH PL. GAINESVILLE, FL 32653 IN THIS SPACE 3. 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DPST U00000183092 TITLE 01/19/05-80054-012 150.00 NAME MALLINI, G. THOMAS STREET ADDRESS 2040 NW 67TH PLACE CITY-ST-ZIP GAINESVILLE, FL 32653 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 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.