

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90040 007 ***150.00

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1. Entity Name
KJP FUNDING, INC.



Principal Place of Business

4602 S.W. 25TH COURT
CAPE CORAL, FL 33914 US

Mailing Address

4602 S.W. 25TH COURT
CAPE CORAL, FL 33914 US

44011111



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0740369

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PARKINSON, JUERGEN W O
4602 SW 25TH CT
CAPE CORAL, FL 33914

**DO NOT WRITE
IN THIS SPACE**

Dept. of STATE

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

03/11/04

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	D*
NAME	PARKINSON, JUERGEN
STREET ADDRESS	4602 S.W. 25TH COURT
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	D
NAME	PARKINSON, KARIN
STREET ADDRESS	4602 S.W. 25TH COURT
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/11/04

Date

239 540 0545

Daytime Phone #