2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2004 8:00 am Secretary of State

ANNOAL REPORT					Secretary or state				
DOCU 1. Entity Nam KONKAM			04-19-2004 90333 033 ***150.00						
Principal Place of Business Mailing Address .					74941770				
8552 BAY MEADOWS RD JACKSONVILLE, FL 32256 US		P.O. BOX 465 EMIGSVILLE, PA 17318		(CD (CR : 18	. (81) (85) 88) 88)		81 RIKS BIJRI 118	1 93 1 ((1831	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152004	Chg-P	CR2E034 (10/03)			
City & State		City & State			4. FEI Number 58-2305690		Applied For Not Applicable		
Zip —————	Country ·	Zíp	Country	5. Certificate	of Status Desired		8.75 Addi ee Required		
	6. Name and Address of Current F		7. Name and Address of New Registered Agent						
KDICOCD	Remark 125		Name K	Krisman L.J. Krieger					
KRIEGER, Krismani 550 LAKE ROAD PONTE VEDRA BEACH, FL 32082			Street Add	Street Address (P.O. Box Number is Not Acceptable) 550 Lake Road					
PONTE VEDRA BEACH, FL 32002				Jo-Duno III					
~ ~;		City	City Ponte Vedra Beach FL Zip Code 32082						
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 WYTS - OUT									
. "	, Signature, typed or printed name of registered agent a	nd title if applicable 1 15 3,1 (NOTE: R	sgistered Agent signature	required when reinstating)		DATE	Cusete	Ti Hansia	
State Nowill FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. \$5.00 May Be Added to Fees									
10.	OFFICERS AND (DIRECTORS -	11.	ADDITIONS	CHANGES TO O	FICERS AND	DIRECTORS	IN 11.	
TITLE	P	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	KRIEGER, KRISMAN L.J. 550 LAKE ROAD		NAME STREET ADDRESS						
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		CITY-ST-ZIP						
TITLE	V	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	KRIEGER, KURT J		NAME						
STREET ADDRESS	2355 SPRINGWOOD ROAD		STREET ADDRESS	4				•	
CITY-ST-ZIP	EMIGSVILLE, PA 17402		CITY-ST-ZIP		-			-	
TITLE NAME		☐ Delete	TITLE NAME				Change	Addition Addition	
STREET ADDRESS			STREET ADDRESS		•				
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		Delete	TITLE				☐ Change	noitibbA 🔲	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						
.TITLE		Delete-	TITLE			<u> </u>	- Change -	- Addition	
NAME OF THE	Alamand General in the Dig	t for the suit	NAME	Adraut Firs					
STREET ADDRESS!* City-St-Zip	MONTH FRE GOOD	E Bedroné maj	STREET, ADDRESS -	SE.06 WHIT					
TITLE	्र वाध्यापन औदर १ का देख्यालया स्वयं स्थापन देखा । १९०० व्यव्यापन १९	on the com □ Delete Group s	TiTLE aggus	(۵) پېښون د ورځ د د د		CATE	Change	Addition	
NAME TYLLISE	1		NAME						
STREET ADDRESS CITY-ST-ZIP	Silver Silver or	, -	STREET ADDRESS CITY-ST-ZIP		• ,	ner es		and the second	
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									

1.e. I release certain that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 eath; 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 AND TYPED OF ORDINTED WATER OF SIGNING OFFICER OF DIRECTOR

4-15-04

e Daytime Phone #