

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000038631**

1. Entity Name  
**K.B.'S FUN IN THE SUN, INC.**



Principal Place of Business  
**2824 RIDGE RD  
DAYTONA BEACH SHORES, FL 32127**

Mailing Address  
**2824 RIDGE RD  
DAYTONA BEACH SHORES, FL 32127**



03152004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3454853**

Applied For  
Not Applicable

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

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

**JOHN S. NORTON, JR., P.A.  
431 NORTH GRANDVIEW AVE.  
DAYTONA BCH, FL 32118**

**DO NOT WRITE  
IN THIS SPACE**

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, 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

**U000000112770  
04/14/04-80036-024 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	OLSEN, CRAIG
STREET ADDRESS	2824 RIDGE ROAD
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32118
TITLE	D
NAME	OLSEN, EILEEN
STREET ADDRESS	2824 RIDGE ROAD
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32118
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)(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:**

*Craig Olsen (P.A.)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/04**  
Date

**386 547-2449**  
Daytime Phone #