## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 23, 2004 08:00 AM **Secretary of State** DOCUMENT # P97000041806 t, Entity Name KAREN K. STOKES, INC. Mailing Address Principal Place of Business 1035 WEST DIXIE AVE. 1035 WEST DIXIE AVE. LEESBURG, FL 34748 LEESBURG, FL 34748 CR2E034 (10/03) 02162004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3448517 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent DO NOT WRITE STOKES, KAREN K 1035 WEST DIXIE AVE. LEESBURG, FL 34748 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing U00000061992 **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 02/23/04-80103-013 150.00 OFFICERS AND DIRECTORS 10. D TITLE STOKES, KAREN K. 1035 W. DIXIE AVENUE STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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)(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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED**