

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000075976

Entity Name: KSAF CONSULTING INC.

FILED
May 20, 2004
Secretary of State

Current Principal Place of Business:

P. O. BOX 4168
ORMOND BEACH, FL 321754168

New Principal Place of Business:

25 TALAQUAH BLVD
ORMOND BEACH, FL 32174

Current Mailing Address:

P. O. BOX 4168
ORMOND BEACH, FL 321754168

New Mailing Address:

25 TALAQUAH BLVD
ORMOND BEACH, FL 32174

FEI Number: 03-0322398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, JOELLE
25 TALAQUAH BOULEVARD
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KING, JOELLE
Address: 25 TALAQUAH BOULEVARD
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: KING, JOELLE
Address: 25 TALAQUAH BOULEVARD
City-St-Zip: ORMOND BEACH, FL 32174

Title: D () Delete
Name: KING, JOELLE
Address: 25 TALAQUAH BOULEVARD
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOELLE KING

PD

05/20/2004

Electronic Signature of Signing Officer or Director

Date