

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90021 008 \*\*\*150.00

DOCUMENT # P98000015485

1. Entity Name  
KAPAKAJO, INC.



Principal Place of Business  
428 WALNUT STREET  
SUITE 402  
ORANGE PARK, FL 32073

Mailing Address  
2301 PARK AVENUE  
SUITE 402  
ORANGE PARK, FL 32073

54014592



2. Principal Place of Business  
428 WALNUT ST.  
Suite, Apt. #, etc.

3. Mailing Address  
428 WALNUT ST.  
Suite, Apt. #, etc.

03012004 Chg-P CR2E034 (10/03)

City & State  
GREEN COVE SPRINGS, FL

City & State  
GREEN COVE SPRINGS, FL

4. FEI Number  
52-2131966

Applied For  
Not Applicable

Zip  
32043

Country  
USA

Zip  
32043

Country  
USA

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

## 6. Name and Address of Current Registered Agent

DUVAL, STEPHEN J  
428 WALNUT STREET  
GREEN COVE SPRINGS, FL 32043

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
ST  
FRIEDRICH, KARIN  
STREET ADDRESS  
2301 PARK AVENUE, SUITE 402  
CITY - ST - ZIP  
ORANGE PARK, FL 32073 ☐ Delete

TITLE  
NAME  
P  
FRIEDRICH, PETER  
STREET ADDRESS  
2301 PARK AVENUE, SUITE 402  
CITY - ST - ZIP  
ORANGE PARK, FL 32073 ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
428 WALNUT ST.  
GREEN COVE SPRINGS, FL 32043 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
428 WALNUT ST.  
GREEN COVE SPRINGS, FL 32043 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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 or other like empowered.

SIGNATURE:

PETER FRIEDRICH, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #