## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

PED OF PRINTED NAME OF SIGN

## Aug 13, 2004 8:00 am Secretary of State DOCUMENT # P98000064262 1. Entity Name 08-13-2004 90073 037 \*\*\*155.00 KONG STOCK, INC. Principal Place of Business Mailing Address 3235 NW 104TH AVE P O BOX 8356 CORAL SPRINGS, FL 33075 US **SUITE 3235** CORAL SPRINGS, FL 33065 Principal Place of Business 3. Mailing Address 613 No University 08052004 CR2E034 (10/03) Chg-P 4. FEI Number Applied For 65-0852621 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П USA Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent HEBERT, LUKE Street Address (P.O. Box Number is Not Acceptable) 46/3 No Yni Versity De 3235 NW 104TH AVE CORAL SPRINGS, FL 33065 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 18 \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change TITLE ☐ Delete TITLE HEBERT, LUKE HEBERT, LUKE NAME NAME 4613 No. University DR #416 3235 NW 104TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33065 CITY\_ST\_7/P Addition ☐ Defete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change - Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 any agrees, with all other like empowered.

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