

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000077486**

1. Entity Name  
DAVENKIM, INC.



Principal Place of Business  
306 NEBRASKA AVE.  
LONGWOOD, FL 32750

Mailing Address  
306 NEBRASKA AVE.  
LONGWOOD, FL 32750



04072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3532207

Applied For  
Not Applicable

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

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

KWIATKOWSKI, HARRY S  
306 NEBRASKA AVE.  
LONGWOOD, FL 32750

**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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST KWIATKOWSKI, HARRY S 306 NEBRASKA AVE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV KWIATKOWSKI, JUDITH L 306 NEBRASKA AVE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KWIATKOWSKI, DAVID S 310 S.E. 31ST TERRACE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPENCE, KIMBERLY L 783 CROWS BLUFF LANE SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000108841  
04/12/04-80020-006 150.00

**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)(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:

*[Signature]* HSKWIATKOWSKI 4/12/04 4078491670