



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90039 009 ***150.00

DOCUMENT # P98000090017																																									
1. Entity Name RFK FINANCIAL GROUP, INC.																																									
Principal Place of Business 8041 BLIND PASS ROAD ST. PETE BEACH, FL 33706			Mailing Address 8041 BLIND PASS ROAD ST. PETE BEACH, FL 33706																																						
2. Principal Place of Business		3. Mailing Address																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																							
City & State		City & State																																							
Zip	Country	Zip	Country																																						
6. Name and Address of Current Registered Agent KANE, ROBERT F 306 76TH AVE ST PETERSBURG, FL 33706				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 8041 BLIND PASS RD. City <u>ST. PETE BEACH</u> FL <u>33706</u>																																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>																																									
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 33%; padding: 2px;"> TITLE _____ NAME KANE, ROBERT F STREET ADDRESS 4450 GULF BLVD. #303 CITY-ST-ZIP ST. PETERSBURG, FL 33706 </td> <td style="width: 33%; padding: 2px;"> <input type="checkbox"/> Delete </td> <td style="width: 33%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> <td style="width: 33%; padding: 2px;"> TITLE _____ NAME _____ STREET ADDRESS 6210 SUN BLVD. #601 CITY-ST-ZIP ST. 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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: <u>Robert F Kane</u> 3/9/04 727-367-0604 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																									