

**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

03092004 Chg-P CR2E034 (10/03)

Zip      Country      Zip      Country

4. FEI Number  
59-3538533

Applied For  
Not Applicable

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

**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

ST. PETE BEACH FL

Zip Code  
33706

6. 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**

8. Election Campaign Financing  
Trust Fund Contribution.       \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition

6210 SUN BLVD. #601  
ST. PETERSBURG, FL 33715

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change       Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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 all other like empowered.

**SIGNATURE:**

*K. F. J. M.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/04 727-367-0604  
Date Daytime Phone #