

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000009861

FILED  
Jan 11, 2004  
Secretary of State

Entity Name: KINGBIRD CORPORATION

**Current Principal Place of Business:**

2 KINGBIRD LANE  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

2 KINGBIRD LANE  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: 65-0898303

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KLITENICK, RICHARD M  
402 APPELROUTH LANE  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: OHLSON, EDWARD  
Address: 2 KING BIRD LANE  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: OHLSON, KRISTINE A  
Address: 2 KING BIRD LANE  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD OHLSON

D

01/11/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date