2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of State		
DOCU	MENT # P990000291	12		Secret	ary or searce	
K-WATCH, INC.						
Principal Place of Business Mailing Address			Send as 18		. 🕳	
2155 W. COLONIAL DR. 2155 W. COLONIAL DR.						
ORLANDO, FL 32804 ORLANDO, FL 32804						
				01052004 No Chg-P	CR2E034 (10/03)	
Į.	O NOT WRITE	IN THIS SPA	CE	4. FEI Number	Applied For	
11 :				59-3567316	Not Applicable \$8.75 Additional	
<u></u>	6. Name and Address of Current Re	nistered Spant		5. Certificate of Status Desired	Fee Required	
HWANG, KIL H 1001 LANDVIEW CT.				DO NOT W	RITE	
URLAND	O, FL 32828			IN THIS SP	ACE	
			interior maximum		Sandalan ()	
 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 il applicable. (NOTE, Register	ed Agent signature required	wpen reststating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financia Trust Fund Contribution.				00 May Be d to Fees		
10.	OFFICERS AND DI	RECTORS	La la salas construires de la construire d	in the second of		
title Name	DPS HWANG, KIL H					
STREET ADORESS CRY-ST-ZIP	1001 LANDVIEW CT. ORLANDO, FL 32828					
THE	VD VD	<u> </u>	and see diminish		jnjakenska v 1994 i 1997 v 1997 1994 i 1994 i 1994	
name Street address	HWANG, JONGCHUL 1001 LANDVIEW CT.			· . · · · · · · · · · · · · · · · · · ·)124994 80057-009 150.00	
CITY-51-ZIP	ORLANDO, FL 32828	<u> </u>	signisis kamininas		magaithe 1967 for	
TUTLE NAME					* • • •	
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CATY-ST-ZIP				gua dinimpropriakation makailakister	dights in the second se	
TITLE NAME						
STREET ADDRESS CITY+ST+ZIP						
MILE						
NAME STREET ADDRESS						

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SENATURE AND TYPED OR PRINTED NAME OF SIGNING PERICER OR DIRECTO

4/14/-4

407-481-0115

Daytime Phone if