

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000044507

1. Entity Name
KIE-MEDICAL, INC.



Principal Place of Business
6841 DONA DR.
NAVARRE, FL 32566

Mailing Address
6841 DONA DR.
NAVARRE, FL 32566

DO NOT WRITE IN THIS SPACE

FILED
Feb 03, 2004 08:00 AM
Secretary of State



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3607111
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KIEFFER, THOMAS R
6841 DONA DR.
NAVARRE, FL 32566

**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

U000000032796
02/05/04-80017-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KIEFFER, THOMAS R 6841 DONA DR NAVARRE, FL 32566
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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)(f), 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:

Thomas R. Kieffer Thomas R. Kieffer President 01/29/04 850 939-0898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #