2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90002 011 ***158.75

P99000050074

1. Entity Name
KOESTER & KOESTER, INC.

Principal Place of Business
1495 SURREY PARK DRIVE
PORT ORANGE, FL 32124

Mailing Address
1495 SURREY PARK DRIVE
PORT ORANGE, FL 32124

J94055640

05122004

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number
APPLIED FOR 59-3613132
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75

6. Name and Address of Current Registered Agent
KOESTER, CRAIG W
1495 SURREY PARK DRIVE
PORT ORANGE, FL 32124

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

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
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

P KOESTER, CRAIG W 1495 SURREY PARK DRIVE PORT ORANGE, FL 32124	☐
VP KOESTER, LORI L 1495 SURREY PARK DRIVE PORT ORANGE, FL 32124	☐
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	☐
	☐
	☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

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: Craig W Koester 5/24/4 386-852-5545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #