
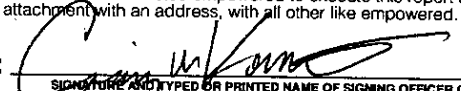


FILED
May 26, 2004 8:00 am
Secretary of State

04055640

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																																																													
2. Principal Place of Business		3. Mailing Address																																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																													
City & State		City & State																																																													
Zip	Country	Zip	Country																																																												
4. FEI Number APPLIED FOR 59-3613132		Applied For Not Applicable																																																													
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75		<input type="checkbox"/>																																																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																															
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00																																																													
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																															
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																													
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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: 		Date: 5/24/04 306-852-5545																																																													
Typed or printed name of signing officer or director		Daytime Phone #																																																													