2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90076 020 ***150.00

DOCUMENT # P99000069472

1. Entity Name
K2S ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5105 WEST LONGFELLOW AVE TAMPA FL 33629	5105 WEST LONGFELLOW AVE TAMPA FL 33629

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
6543 Louise Ct	6543 Louise Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HUDSON, FL	City & State: HUDSON, FL
Zip: 34667 Country: USA	Zip: 34667 Country: USA

4. FEI Number 65-0938379 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEGNER, TERRY
5105 W. LONGFELLOW AVE.
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name: Stegner, TERRY
Street Address (P.O. Box Number is Not Acceptable): 6543 LOUISE CT
City: HUDSON **FL** Zip Code: 34667

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] DATE: 9 April '04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PVST	☐ Delete	TITLE	PVST	☑ Change ☐ Addition
NAME	KIESS, SALLY		NAME	SALLY KIESS	
STREET ADDRESS	5105 WEST LONGFELLOW AVE		STREET ADDRESS	6543 LOUISE CT	
CITY-ST-ZIP	TAMPA FL 33629		CITY-ST-ZIP	HUDSON, FL 34667	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Sally Kiess — 8 Apr 04 — 727 863-7234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #