

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 5105 WEST LONGFELLOW AVE TAMPA FL 33629	Mailing Address 5105 WEST LONGFELLOW AVE TAMPA FL 33629
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2. Principal Place of Business 6543 LOUISE CT	3. Mailing Address 6543 LOUISE CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

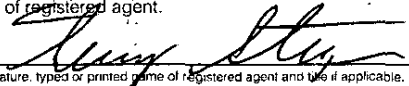


MOORE CR2E034 (11/03)

City & State HUDSON, FL	City & State HUDSON, FL	4. FEI Number 65-0938379	Applied For ☐ Not Applicable
Zip 34667	Country USA	Zip 34667	Country USA
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	
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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.

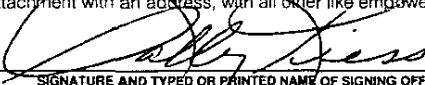
SIGNATURE  DATE **9 April '04**

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

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 **8 Apr 04** 127863-7234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR