2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State
03-10-2004 90020 016 ***150.00

DOCUMENT # P99000069862

1. Entity Name
KCQ INCORPORATED

54016835

Principal Place of Business	Mailing Address
3117 E. ROBIN LANE GILBERT, AZ 85296	3170 N. FEDERAL HWY. #103 LIGHTHOUSE POINT, FL 33064

03052004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 103C	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0974340 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSON, ANGELA D CPA C/O 3170 N. FEDERAL HWY. 103 POMPANO BEACH, FL 33064	Name: DiCrescenzo Angela Street Address (P.O. Box Number is Not Acceptable): 3170 N. Federal Hwy #103C City: Lighthouse Point FL Zip Code: 33064

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: Angela DiCrescenzo 3/4/2004
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STRUNC, KITTRELL		NAME		
STREET ADDRESS	3117 E. ROBIN LANE		STREET ADDRESS		
CITY-ST-ZIP	GILBERT, AZ 85296		CITY-ST-ZIP		
TITLE	DVT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STRUNC, RICHARD		NAME		
STREET ADDRESS	3117 E. ROBIN LANE		STREET ADDRESS		
CITY-ST-ZIP	GILBERT, AZ 85296		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
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
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: ________ 3/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #