


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000069980

1. Entity Name
S. O. KINES, JR., INC.



Principal Place of Business
**4831 PHYLLIS ST.
 JACKSONVILLE, FL 32203**

Mailing Address
**PO BOX 6985
 JACKSONVILLE, FL 32236**



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3499938

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KINES, S. O. JR
 4831 PHYLLIS ST.
 JACKSONVILLE, FL 32203**

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I, 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 _____ (NOTE: Registered Agent signature required when rehashing) 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

TITLE	P
NAME	KINES, S. O. JR
STREET ADDRESS	4831 PHYLLIS ST.
CITY - ST - ZIP	JACKSONVILLE, FL 32203
TITLE	V
NAME	KINES, WILLIAM B
STREET ADDRESS	4831 PHYLLIS ST.
CITY - ST - ZIP	JACKSONVILLE, FL 32203
TITLE	VST
NAME	KINES, CAROL A
STREET ADDRESS	4831 PHYLLIS ST.
CITY - ST - ZIP	JACKSONVILLE, FL 32203
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 01/16/04-80037-027 158.75

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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: Cawl Kines 01-14-04 904-384-5647

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