2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

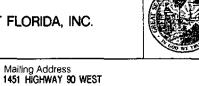
DOCUMENT # 1. Entity Name

Principal Place of Business 1451 HIGHWAY 90 WEST

SIGNATURE:

P99000094217

K & B ENTERPRISES OF NORTHWEST FLORIDA, INC.



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90227 008 ***150.00

HOLT FL 32564	,		HOLT FL 32564								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				. CHECK HERE IF MAKING CHANGES				
City & State	e		City & State		4.	→ 59F303U0Z9 →			plied For at Applicable	1	
Zip		Country	Zip	Cour	Country		Certificate of Status Desired		\$8.75 Add	ditional	
	and Address of Current			7.	Name and Address of New Re	gistered	Agent]		
KAUCHER, 1451 HIGH HOLT FL 3	EST	الها تهاشتان سيتريانينه باري	- Politica de la constantina della constantina d	Street Address (P.O. Box Number is Not Acceptable)							
					City	City FL Zip Code					
	named entity ions of regist	*	r the purpose of changing its	registere	ed office or re	gistered ag	ent, or both, in the State of Flor	ida. Lam	familiar with,	and accept]
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signature r	equired when n	einstating)	DATE			
FI After	LE NOW!! May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of			-		9. Election Campaign Fina Trust Fund Contribution	٠,		0 May Be I to Fees	
. 10.		OFFICERS AND	DIRECTORS	11.		AE	DDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTOR	S IN 11]
NAME STREET ADDRESS	P KAUCHER, 1451 HIGH HOLT FL 3	IWAY 90 WEST	☐ Delete		- 1				☐ Change	☐ Addition	(00/04)
STREET ADDRESS	V BERRY, JONATHAN E 105 COUNTRY CLUB DRIVE NICEVILLE FL 32578		☐ Delete		-				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ಕರ್ನಾಹುಗಳ 1 ,ಗರಿ ಪಗ್ನ ಎಲ್ಲ ಕ್ರಶ್ನು .	☐ Delete			استريب المعاسم	ر ماست استنهادات ورد ماسید		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS GITY-ST-ZIP		`	☐ Delete				,		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete						☐ Change	Addition	
indicated of the corp	on this repor poration or th	t or supplemental report is ne receiver or trustee empo	true and accurate and that n	ny signat as requir	ture shall have	the same	119.07(3)(i), Florida Statutes. I legal effect as if made under or da Statutes; and that my name	ath; that I	am an officer	or director	