## 2004 FOR PROFIT CORPORATION

## **FILED** Jul 26, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P99000099928** 1. Entity Name 07-26-2004 90004 022 \*\*\*150.00 KVATERNICK, INC. Principal Place of Business Mailing Address 4104 MATHER RD, WEST 4104 MATHER RD, WEST LAKELAND, FL 33810 LAKELAND, FL 33810 54064842 2. Principal Place of Business 3. Mailing Address 020 DENMARK 7020 DENMARK ST Suite. Apt. #, etc. Suite, Apt. #, etc. 07142004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For MGLEWOOD nalewood 59-3616700 Not Applicable Country Zip Country \$8.75 Additional har lotte 34224 5. Certificate of Status Desired Charlotte 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VADNAIS, LYNN C nais 4104 MATHER RD, WEST Street Address (P.O. Box Number is Not Acceptable) LAKELAND, FL 33810 Denmark Englewood 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 Ynn C. Vadnais, Pres (NOTE: Registered Agent eignature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE MAME VADNAIS, LYNN C Change NAME vadnais, Lynn C 4104 MATHER RD. WEST STREET ADDRESS STREET ADDRESS 1020 Denmark St. CITY-ST-ZIP LAKELAND, FL 33810 CITY-ST-7/P ENGLEWOOD FL 34224 TITLE ☐ Delete TITLE Change NAME ☐ Addition VADNAIS, DALE P NAME VADNAIS, DAle P STREET ADDRESS 4104 MÄTHER ROAD WEST STREET ADDRESS 7020 Denmark CTTY-ST-ZIP LAKELAND, FL 33810 מול בדי בעוני Englewood TITLE . Delete ΉПΕ ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7P TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP

12. Thereby 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 changed, or on an attachment with an address, with all other like empowered.

TITL F

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

Addition

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: C. Vadrais 400