


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

94052968

DOCUMENT # P99000106938			
1. Entity Name K & G IMPORT SOLUTIONS INCORPORATED			
Principal Place of Business 5957 WESTGATE DR. #1914 ORLANDO, FL 32835		Mailing Address PO BOX 617260 ORLANDO, FL 32861	
2. Principal Place of Business 704 CROSS STREET		3. Mailing Address P.O. BOX 1374	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NICEVILLE, FLORIDA		City & State NICEVILLE, FLORIDA	
Zip 32588	Country USA	Zip 32588	Country USA
4. FEI Number 65-0974269		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUMANEK, THOMAS J 1417-3 DELPRADO BLVD STE 159 CAPE CORAL, FL 33990		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIRLING, ALLYN 704 CROSS STREET NICEVILLE, FL 32588 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Allyn M. Girling</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>9 April 2004</u> 850-678-7122 <small>Daytime Phone #</small>	