


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # S20393 1. Entity Name KISS MANAGEMENT, INC.	
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Principal Place of Business 280 VINE STREET KISSIMMEE, FL 34741 US	Mailing Address 13000 PARK BLVD SEMINOLE, FL 33776 US
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DO NOT WRITE IN THIS SPACE



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3054944	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAYES, GEORGE L. III 696 1ST AVENUE NORTH SUITE 303 ST. PETERSBURG, FL 33701
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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	000000128945 04/22/04-80080-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD YOUNESS, DANIEL W 13000 PARK BLVD SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST YOUNESS, DANIEL W. 13000 PARK BLVD SEMINOLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST YOUNESS, ANGELINE 13000 PARK BLVD SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(l), 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: W. J. Jones 4/19/04 407 870 5316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #