FROM :

FAX NO. :5615477068

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90347 043 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V21278

1. Entity Name
S. KIMO INC.

Principal Place of Business	Mailing Address
5085 CANDLEWOOD CT LAKE WORTH, FL 33467	P O BOX 17447 WEST PALM BEACH, FL 33416-7447

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9351 PALOMINO DR	same as
Suite, Apt. #, etc.	Suite, Apt. #, etc.
LAKE WORTH, FL	
City & State	City & State
33467 / PB	
Zip / Country	Zip / Country

4. FEI Number 65-0323455 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SKIBA, SUSAN 5085 CANDLEWOOD CT LAKE WORTH, FL 33467	Name SUSAN SKIBA Street Address (P.O. Box Number is Not Acceptable) 9351 PALOMINO DR City LAKE WORTH FL Zip Code 33467

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 Susan Skiba
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. 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 SKIBA, SUSAN STREET ADDRESS 5085 CANDLEWOOD CT CITY-ST-ZIP LAKE WORTH, FL 33467	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE P NAME SUSAN SKIBA STREET ADDRESS 9351 PALOMINO DR, LAKE WORTH CITY-ST-ZIP FL 33467	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

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: Susan Skiba 4/26/04 561-642-6484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

√#9305