~2004 FOR PROFIT CORPORATION ANNUAL REPORT

of the corporation or the reconchanged, or on an attachmen

SIGNATURE:

Jan 24, 2004 08:00 AM **Secretary of State** DOCUMENT # V57652 R.K.G. OF POLK COUNTY, INC. Principal Place of Business Mailing Address 220 HILLSIDE DR 220 HILLSIDE DR BABSON PARK, FL 33827 BABSON PARK, FL 33827 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 01152004 CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 59-3137299 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GODWIN, ROYCE K SR Street Address (P.O. Box Number is Not Acceptable) 220 HILLSIDE DR BABSON PARK, FL 33827 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. OATE Signature, typed or printed name of registered agent and title (I applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. 10. <u>U00000012318</u> □ Change TITLE GD ☐ Delete HILE GODWIN, ROYCE K., SR. NAME NAME 01/26/04-80004-020 150.00 STREET ADDRESS 220 HILLSIDE DR STREET ADDRESS BABSON PARK, FL CHY-ST-78P CITY-ST-789 Addition ☐ Delete MLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-789 Change Addition ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS ממל - לים - צרונים. ממל - עם - צרונים CITY-ST-ZIP ☐ Delete TILLE ☐ Chance Addition: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-7P CITY-ST-ZIP ☐ Delete TELLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 it made under oath; that I am an officer or director of the corporation or the repetiter of gustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Shope K Godwin-Pres L 1-2704

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