


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90026 048 ***150.00

DOCUMENT # 561540
 1. Entity Name
KALEIDOSCOPE LIMITED, INC.



Principal Place of Business Mailing Address
U S 27 SOUTH PO BOX 48 LAMONT FL 32336
P O BOX 48 LAMONT FL 32336-048 US

24043300



MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2105902**
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
SKILES, STEPHEN
697 FOREST LAIR
TALLAHASSEE FL 32312

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	WITTER, RAY E.	
STREET ADDRESS	246 LE STARBOARD DR	
CITY-ST-ZIP	PENSACOLA FL 32561	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	SKILES, STEPHEN	
STREET ADDRESS	697 FOREST LAIR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SKILES, EMILY	
STREET ADDRESS	697 FOREST LAIR	
CITY-ST-ZIP	TALLAHASSEE, F. L.	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WITTER, RAY E. JR	
STREET ADDRESS	2651 EGRET LANE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Witter, Ray E.	
STREET ADDRESS	4039 Curlew Drive	
CITY-ST-ZIP	Pensacola, FL 32514	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Stephen Skiles **1-24-4** **(850)997-4589**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #