


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L70991**  
 1. Entity Name  
 K-2, INC.



Principal Place of Business  
 C/O WILLIAM K. SCRUGGS, JR.  
 656 N. BEAL PARKWAY  
 FORT WALTON BEACH, FL 32547

Mailing Address  
 C/O WILLIAM K. SCRUGGS, JR.  
 656 N. BEAL PARKWAY  
 FORT WALTON BEACH, FL 32547



04292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3012943

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

SCRUGGS, WILLIAM K JR  
 656 N. BEAL PARKWAY  
 FORT WALTON BEACH, FL 32547

**DO NOT WRITE IN THIS SPACE**

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: *William K Jr* DATE: 4/30/4

Signature, typed or printed name of registered agent and title as of 2/22/04 (NOTE: Registered Agent signature required when resigning)

**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**

U00000155097  
 05/05/04 30023-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SCRUGGS, KIM Y
STREET ADDRESS	656 N. BEAL PARKWAY
CITY - ST - ZIP	FT. WALTON BEACH, FL 32547
TITLE	D
NAME	SCRUGGS, WILLIAM K JR
STREET ADDRESS	656 N. BEAL PARKWAY
CITY - ST - ZIP	FT. WALTON BEACH, FL 32547
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)(f), 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: *William K Jr* DATE: 4/30/04 DAYTIME PHONE #: 958 868 4270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR