

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90402 050 ***150.00

DOCUMENT # P03000126180

1. Entity Name

VMJC KAYRO'S INC.



Principal Place of Business

196 MIRACLE STRIP UNIT A
FORT WALTON BEACH FL 32547

Mailing Address

196 MIRACLE STRIP UNIT A
FORT WALTON BEACH FL 32547

34010601

2. Principal Place of Business

196 MIRACLE STRIP

Suite, Apt. #, etc.

UNIT A

City & State

Fort Walton Beach FL

Zip

32548

Country

OKALOOSA

3. Mailing Address

196 MIRACLE STRIP

Suite, Apt. #, etc.

UNIT A

City & State

Fort Walton Beach FL

Zip

32548

Country

OKALOOSA



MOORE

CR2E034 (11/03)

4. FEI Number

54-212-6776

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LACAYO, DARLEEN E
606 VIRGINIA OAK COURT
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

Name

VASCO A MILORD

Street Address (P.O. Box Number is Not Acceptable)

476 CLAEVEN Circle

City

Fort Walton Beach FL

Zip Code

32547

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

Vasco A Milord

VASCO A MILORD

15 MAR 04

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

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 P ☐ Delete
NAME MILORD, VASCO
STREET ADDRESS 196 MIRACLE STRIP UNIT A
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE VP ☐ Delete
NAME JONATHAN, CLARK
STREET ADDRESS 196 MIRACLE STRIP UNIT A
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME ~~SECRETARY~~
MARTIN TREVINO
STREET ADDRESS ~~196 MIRACLE STRIP UNIT A~~
CITY-ST-ZIP ~~FORT WALTON BEACH FL 32547~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Vasco A Milord

VASCO A MILORD

12 MAR 04

(850) 699-0554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #