

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90133 040 ***150.00

DOCUMENT # P03000126180

1. Entity Name
VMJC KAYRO'S INC.



Principal Place of Business
196 MIRACLE STRIP UNIT A
FORT WALTON BEACH, FL 32548

Mailing Address
196 MIRACLE STRIP UNIT A
FORT WALTON BEACH, FL 32548

50006661

2. Principal Place of Business

1221 MIRACLE STRIP PKWY
Suite, Apt. #, etc.

3. Mailing Address

1221 MIRACLE STRIP PKWY
Suite, Apt. #, etc.



03222006

Chg-P

CR2E034 (11/05)

City & State

Fort Walton Beach FL

Zip

32548

Country

OKALOOSA

City & State

Fort Walton Beach FL

Zip

32548

Country

OKALOOSA

4. FEI Number

54-2126776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILORD, VASCO A
1221 MIRACLE STRIP PKWY SE
FORT WALTON BEACH, FL 32548

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
MILORD, VASCO
1221 MIRACLE STRIP PKWY SE
FORT WALTON BEACH, FL 32547 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
JONATHAN, CLARK
1221 MIRACLE STRIP PKWY SE
FORT WALTON BEACH, FL 32547 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

22 March 06 (850) 699-0554