

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 329200</b> 1. Entity Name <b>KAYJO, INC.</b>	
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Principal Place of Business <b>71 HARBOR DR. KEY BISCAVNE, FL 33149</b>	Mailing Address <b>166 HARBOR DRIVE 6 KEY BISCAVNE, FL 33149</b>
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01092004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1219280</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>LANCASTER, CPA. K 50 W MASHTA DRIVE SUITE 6 KEY BISCAVNE, FL 33149</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICE, MICHAEL C 325 REDWOOD LANE KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RYAN, ROBIN J 1444 GROVE STREET EUSTIS, FL 32726
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TIWARI, LESLIE 1717 N. BAYSHORE DRIVE, APT. 2538 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RHEW, PRISCILLA J 2610 BIRD AVE. COCUNUT GROVE, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHEW, EDWIN E 1115 BROOKVIEW DRIVE BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHEW, RUSSELL 4024 NESTLEDOWN DR. FRANKLIN, TN 37064

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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)(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: *[Signature]* *Michael Rice* 1/15/04 (303) 3612108