

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 29, 2005 08:00 AM  
Secretary of State

DOCUMENT # 329200

1. Entity Name  
KAYJO, INC.



Principal Place of Business  
71 HARBOR DR.  
KEY BISCAVNE, FL 33149

Mailing Address  
166 HARBOR DRIVE  
6  
KEY BISCAVNE, FL 33149



01132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1219280

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LANCASTER, CPA. K  
50 W MASHTA DRIVE  
SUITE 6  
KEY BISCAVNE, FL 33149

**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

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, 2005 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	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

U00000203851  
01/29/05-80047-007 150.00

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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* 1/18/05  
Date Daytime Phone #