

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2007 8:00 am
Secretary of State

07-06-2007 90020 029 ***550.00

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

40 LANCASTER
50 W. MASHTA DR #6
KEY BISCAVNE, FL 33149



07022007 No Chg-P CR2E034 (11/05)

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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RICE, MICHAEL C
STREET ADDRESS	325 REDWOOD LANE
CITY-ST-ZIP	KEY BISCAVNE, FL 33149
TITLE	VPD
NAME	RYAN, ROBIN J
STREET ADDRESS	1444 GROVE STREET
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	SD
NAME	TIWARI, LESLIE
STREET ADDRESS	1717 N. BAYSHORE DRIVE, APT. 2538
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	TD
NAME	RHEW, PRISCILLA J
STREET ADDRESS	2610 BIRD AVE.
CITY-ST-ZIP	COCUNUT GROVE, FL 33133
TITLE	D
NAME	RHEW, EDWIN E
STREET ADDRESS	1115 BROOKVIEW DRIVE
CITY-ST-ZIP	BRENTWOOD, TN 37027
TITLE	D
NAME	RHEW, RUSSELL
STREET ADDRESS	4024 NESTLEDOWN DR.
CITY-ST-ZIP	FRANKLIN, TN 37064

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IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/02/07 (305) 361-1014

Date

Daytime Phone #