

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 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
**C/O LANCASTER & CO
50 W MASHTA DR #6
KEY BISCAVNE, FL 33149**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1219280	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

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, 2008 Fee will be \$550.00**

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

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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01/07/08-80001-020 150.00

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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

Date **1/3/08** (305) 361-1014 Daytime Phone #