


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90029 011 \*\*\*150.00

<b>DOCUMENT # 499198</b>	
1. Entity Name <b>KAKYJOHN, INC.</b>	


Principal Place of Business <b>2415 GRAND BOULEVARD HOLIDAY, FL 34690 US</b>	Mailing Address <b>2482 ALLEGRO AVENUE SPRING HILL, FL 34609</b>
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2. Principal Place of Business - No P.O. Box # <b>2413 GRAN BLD</b>	3. Mailing Address <b>2413 GRAND BLD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>HOLIDAY FL</b>	City & State <b>HOLIDAY FL</b>
Zip <b>34690</b> Country <b>PASCO</b>	Zip <b>34690</b> Country <b>PASCO</b>



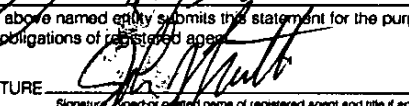
07072008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>FRENETTE, JOHN R 2482 ALLEGRO AVENUE SPRING HILL, FL 34609</b>	
	

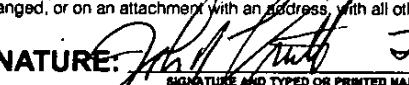
4. FEI Number <b>59-1652788</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent Name <b>JOHN R. Frenette</b> Street Address (P.O. Box Number is Not Acceptable) <b>2482 Allegro Ave</b> City <b>Spring Hill FL</b> Zip Code <b>34609</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 	DATE
<div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>Due by September 12, 2008</b> </div> <div>           9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees            In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.         </div>	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FRENETTE, JOHN 2482 ALLEGRO AVENUE SPRING HILL, FL 34609</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.	
SIGNATURE:  <b>JOHN R. Frenette</b>	Date <b>7/4/08</b> Debit Phone <b>17229161213</b>