

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000006091

1. Entity Name
CYLKY KONSULTING SERVICES, INC.



Principal Place of Business
1176 CAROLINA CIRCLE
VERO BEACH, FL 32962

Mailing Address
1176 CAROLINA CIRCLE
VERO BEACH, FL 32962

FILED

04 JAN -9 PM 1:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA



01032004 No Chg-P CR2E034 (10/03)

4. FEI Number
35-1872380

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHENAULT, SUSAN L
979 BECHLAND BLVD
VERO BEACH, FL 32963

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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
PCD
SHIELDS, CALVIN K
1176 CAROLINA CIRCLE
VERO BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

9000026593789
01/09/04--01035--024 **150.00

DO NOT WRITE
IN THIS SPACE

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: *Calvin K Shields* CALVIN K SHIELDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/04

Date

(772) 569-8879

Daytime Phone #