

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90023 049 ***150.00

DOCUMENT # H23924

1. Entity Name
KALYNDO, INC.



Principal Place of Business
**4514 CHANDLER RD.
APOPKA, FL 32712**

Mailing Address
**4514 CHANDLER RD.
APOPKA, FL 32712**

40092040



2. Principal Place of Business

3. Mailing Address

601 HILL ST
Suite, Apt. #, etc.

601 HILL ST
Suite, Apt. #, etc.

05092006 Chg-P CR2E034 (11/05)

City & State
EUSTIS FL

City & State
EUSTIS FL

4. FEI Number
59-2456634

Applied For
Not Applicable

Zip
32726 Country

Zip
32726 Country
USA

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

6. Name and Address of Current Registered Agent

**SEARS, KATHY S
4514 CHANDLER RD.
APOPKA, FL 32712**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 acknowledge the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, or both, as applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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
**DPS
SIMPSON, KAROLYN C.
4514 CHANDLER ROAD
APOPKA, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVT
SIMPSON, DONALD G. JR.
4514 CHANDLER ROAD
APOPKA, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
SIMPSON, DONALD G. III
4514 CHANDLER ROAD
APOPKA, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
SEARS, KATHY SIMPSON
4514 CHANDLER ROAD
APOPKA, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SEARS, ANDREW J
4514 CHANDLER RD
APOPKA, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Add

TITLE
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CITY-ST-ZIP ☐ Change ☐ Add

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CITY-ST-ZIP ☐ Change ☐ Add

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathy S Sears*