

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90185 040 ***150.00

DOCUMENT # H361114

1. Entity Name
KAY-RITE, INC.



40079085



Principal Place of Business
H&R BLOCK
36248 HWY 27
HAINES CITY, FL 33844 US

Mailing Address
P.O. BOX 246
HAINES CITY, FL 33845-0246

2. Principal Place of Business
H & R BLOCK

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

207 S. DIXIE DR

City & State

City & State

HAINES CITY, FL.

Zip

Country

Zip

Country

33844

US

04292006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2523649

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, LESTER W.
2941 PLANTATION ROAD
WINTER HAVEN, FL 33884

Name
LES JONES

Street Address (P.O. Box Number is Not Acceptable)
15 CRYSTAL WATERS DR.

HAINES CITY

City

FL

Zip Code

33844

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

4/28/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPV
JONES, LESTER W.
2941 PLANATION RD
WINTER HAVEN, FL 33884 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P JONES, LES
15 CRYSTAL WATERS DR.
WINTER HAVEN FL. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VST
JONES, JEAN M.
2941 PLANATION RD
WINTER HAVEN, FL 33884 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P JONES, JEAN
15 CRYSTAL WATERS DR
WINTER HAVEN, FL, 33884 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LES JONES PRESIDENT

Date

Daytime Phone #

4/29/06

803 #22

3848