

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90268 007 \*\*\*150.00

**DOCUMENT # H92095**

1. Entity Name

CYKL TECHNOLOGY, INC.



Principal Place of Business

1280 US HWY 1  
MALABAR FL 32950  
US

Mailing Address

5 SAN SALVADOR STREET  
ST AUGUSTINE FL 32084

2. Principal Place of Business

321 Charlotte St

Suite, Apt. #, etc.

3. Mailing Address

321 Charlotte St

Suite, Apt. #, etc.

St Augustine FL

City & State

City & State

St Augustine FL

Zip

32084

Country

St Johns

Zip

32084

Country

St Johns



MOORE

CR2E034 (11/03)

4. FEI Number

59-2601926

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KELLY, JAMES F.  
5 SAN SALVADOR STREET  
SAINT AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name

Kelly, James F.

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

321 Charlotte St

City

St Augustine

FL

Zip Code

32084

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

*James F. Kelly*

James F. Kelly

04-27-04

(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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME KELLY, DEANNA B. ☒ Delete  
STREET ADDRESS 3495 WILLOWOOD DR  
CITY-ST-ZIP MELBOURNE FL

TITLE VD  
NAME KELLY, JAMES F. ☒ Delete  
STREET ADDRESS 3495 WILLOWOOD DR  
CITY-ST-ZIP MELBOURNE FL

TITLE STD  
NAME HUNT, MIRIAM ☐ Delete  
STREET ADDRESS 25 GREENVIEW WAY  
CITY-ST-ZIP UPPER MONTCLAIR NJ

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☒ Addition  
NAME Kelly, Deanna B  
STREET ADDRESS 321 Charlotte St  
CITY-ST-ZIP St Augustine, FL 32084

TITLE VD ☐ Change ☒ Addition  
NAME Kelly, James F  
STREET ADDRESS 321 Charlotte St  
CITY-ST-ZIP St Augustine FL 32084

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

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

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

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

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:

*James F. Kelly*

James F. Kelly

04-27-04

904-825-

4795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #