


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # K39139	
1. Entity Name KAYLYNNE PROPERTIES INC.	

Principal Place of Business 419 KEY EXECUTIVE BLDG 104 CRANDON BLVD KEY BISCAVNE, FL 33149 US	Mailing Address 419 KEY EXECUTIVE BLDG 104 CRANDON BLVD KEY BISCAVNE, FL 33149 US
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0082950	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SOTO, MYRNA
419 KEY EXECUTIVE BUILDING
104 CRANCON BLVD
KEY BISCAVNE, FL 33149

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DONAGHY, JAMES W. 7 RIDGEWOOD DRIVE BRIDGEWATER, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEISCHNER, STEVEN 1979 DOGWOOD DRIVE SCOTCH PLAINS, NJ 07076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SPENCER, MARY M 251 CRANDON BLVD TH 164 KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SOTO, MYRNA 104 CRANDON BLVD STE 419 KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000149184
05/03/04-80177-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Steven Leischer Vice Pres 4-26-04 (305) 361-8864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #