


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K82968</b> 1. Entity Name KALYN INDUSTRIES, INC.	
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Principal Place of Business 105 COMMERCE WAY SANFORD, FL 32771	Mailing Address 105 COMMERCE WAY SANFORD, FL 32771
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**DO NOT WRITE IN THIS SPACE**



09012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2944179	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

MICHELE A DREILING  
210 STEVENAGE DR  
LONGWOOD, FL 32779

**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 reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DREILING, MICHELE A. 210 STEVENAGE DRIVE LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DREILING, BERNARD V. 210 STEVENAGE DRIVE LONGWOOD, FL
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U00000171768  
09/08/04-80004-019 550.00

**DO NOT WRITE  
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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)(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:**  **Michele A Dreiling President** 93-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 467-321-4772