

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M56005

1. Entity Name
KYKAR, INC.



FILED
Apr 09, 2004 08:00 AM
Secretary of State

Principal Place of Business
**404 N OCEAN DR
LAUDERDALE BY THE SEA, FL 33308-3603**

Mailing Address
**404 N OCEAN DR
LAUDERDALE BY THE SEA, FL 33308-3603**



03302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2837468

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GOULD, EDWARD KYLE
4404 N OCEAN DR
LAUDERDALE BY THE SEA, FL 33308**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐

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

U000000108131

04/09/04 08042 022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOULD, EDWARD K
STREET ADDRESS	4404 N OCEAN DR
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33308
TITLE	STD
NAME	BONBURANT, KARL
STREET ADDRESS	4404 N OCEAN DR
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 687, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addendum, with all other like empowered.

SIGNATURE:

Edmund Kyle Gould

EDWARD K. GOULD

April 7, 2004

054-776-5940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #