

2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/1/

FILED
Sep 27, 2004 8:00 am
Secretary of State

09-01-2004 90001 039 ***150.00

DOCUMENT # P01000052315					
1. Entity Name KAYVAN INVESTMENTS, INC.					
Principal Place of Business 3895 HIGHWAY 97 MOLINO, FL 32577			Mailing Address 3895 HIGHWAY 97 MOLINO, FL 32577		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3735144	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN DEESE, CHARLES 3895 HIGHWAY 97 MOLINO, FL 32577			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
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 \$550.00 Due by September 8, 2004			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME VAN DEESE, CHARLES		<input type="checkbox"/> Delete	TITLE Deese, Linda Kay	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3895 HIGHWAY 97	STREET ADDRESS 3895 Highway 97		CITY-ST-ZIP MOLINO, FL 32577	CITY-ST-ZIP molino, fl, 32577	
CITY-ST-ZIP MOLINO, FL 32577	Secretary		CITY-ST-ZIP	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CITY-ST-ZIP		<input type="checkbox"/> Delete	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____			8-26-2004 (850) 581-4226		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66434178



08182004 Chg-P CR2E034 (10/03)

Attachment

66434178

P01000052315

Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302-1500
Attn: Katrina Sutphin

August 27, 2004

Dear Katrina:

Per your request, this is a written statement that we did not receive a corporation annual report form. The only correspondence we received was the card I sent with the check dated 8/13/04.

Thank you for your help with this matter.

Sincerely,

Van Deese

3895 Hwy. 97
Molino, Fl 32577
850-587-4226

— President / Secretary