

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2008 8:00 am
Secretary of State

07-03-2008 90014 039 ***150.00

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1. Entity Name
KYRON DIVERSIFIED, INC.



Principal Place of Business

**1214 TULIPWOOD DR.
SEFFNER, FL 33584**

Mailing Address

**1214 TULIPWOOD DR.
SEFFNER, FL 33584**

40109462



2. Principal Place of Business - No P.O. Box #

Same as b1

3. Mailing Address

Same as b1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05292008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
04-3614336

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**KAPLAN, RON J.
1214 TULIPWOOD DRIVE
SEFFNER, FL 33584**

7. Name and Address of New Registered Agent

Name

N/A

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **KAPLAN, RON J**
STREET ADDRESS **1214 TULIPWOOD DR.**
CITY-ST-ZIP **SEFFNER, FL 33584**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 exemptions contained in Chapter 119, 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:

Ron Kaplan

Ron Kaplan

June 29, 2008

813-545 1464

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #