

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

DOCUMENT # P02000028605

1. Entity Name  
PAUL KAJY, INC.



Principal Place of Business  
5428 CLEVELAND RD  
JACKSONVILLE, FL 32209

Mailing Address  
5428 CLEVELAND RD  
JACKSONVILLE, FL 32209



04272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0624409

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

KAJY, PAUL  
5428 CLEVELAND RD  
JACKSONVILLE, FL 32209

**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 \_\_\_\_\_

**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**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TREA  
KAJY, PATRICK  
5428 CLEVELAND RD  
JACKSONVILLE, FL 32209

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRES  
KAJY, PAUL  
5428 CLEVELAND RD.  
JACKSONVILLE, FL 32209

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V.P.  
KAJY, PATRICK  
5428 CLEVELAND RD.  
JACKSONVILLE, FL 32209

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SEC.  
KAJY, PATRICK  
5428 CLEVELAND RD.  
JACKSONVILLE, FL 32209

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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #