

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90064 031 \*\*\*150.00

DOCUMENT # P02000042315

1. Entity Name  
KYACK DESIGN GROUP, INC.



Principal Place of Business  
~~516 CRYSTAL DRIVE~~  
MADEIRA BEACH, FL 33708

Mailing Address  
~~516 CRYSTAL DRIVE~~  
MADEIRA BEACH, FL 33708

40000000

2. Principal Place of Business  
9924 INDIAN KEY TR.  
Suite, Apt. #, etc.

3. Mailing Address  
9924 INDIAN KEY TR.  
Suite, Apt. #, etc.



01172005 Chg-P CR2E034 (10/03)

City & State  
SEMINOLE FL  
Zip 33776 Country PINELLAS

City & State  
SEMINOLE FL  
Zip 33776 Country PINELLAS

4. FEI Number  
30-0062505  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

KYACK, DOLORES J  
~~516 CRYSTAL DRIVE~~  
MADEIRA BEACH, FL 33708

7. Name and Address of New Registered Agent

Name  
DOLORES J. KYACK  
Street Address (P.O. Box Number is Not Acceptable)  
9924 INDIAN KEY TR.  
City SEMINOLE FL Zip 33776

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 *Dolores J. Kyack* 1-25-05  
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KYACK, DOLORES J	
STREET ADDRESS	<del>516 CRYSTAL DRIVE</del>	
CITY-ST-ZIP	MADEIRA BEACH, FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	KYACK, DOLORES J	
STREET ADDRESS	<del>516 CRYSTAL DRIVE</del>	
CITY-ST-ZIP	MADEIRA BEACH, FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLORES J. KYACK	
STREET ADDRESS	9924 INDIAN KEY TR	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLORES J. KYACK	
STREET ADDRESS	9924 INDIAN KEY TR	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Dolores J. Kyack*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-05 727/596-0544  
Date Daytime Phone #