

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90572 023 \*\*\*150.00

DOCUMENT # P04000011481

1. Entity Name  
KAY INVESTMENT, INC.



Principal Place of Business  
3607 SE 21ST PLACE  
CAPE CORAL, FL 33904

Mailing Address  
3607 SE 21ST PLACE  
CAPE CORAL, FL 33904

2. Principal Place of Business  
3526 SE 18TH PLACE

3. Mailing Address  
PMB #344  
Suite, Apt. #, etc.  
1217 CAPE CORAL PWY E



04262005 Chg-P CR2E034 (10/03)

City & State  
CAPE CORAL FL

City & State  
CAPE CORAL FL

4. FEI Number  
20-0671412  
Applied For  
Not Applicable

Zip  
33904  
Country  
US

Zip  
33904  
Country  
US

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

## 6. Name and Address of Current Registered Agent

KLAUSEN, ANNIKA  
3607 SE 21ST PLACE  
CAPE CORAL, FL 33904

## 7. Name and Address of New Registered Agent

Name  
KLAUSEN, ANNIKA  
Street Address (P.O. Box Number is Not Acceptable)  
3526 SE 18TH PLACE

City  
CAPE CORAL FL Zip Code  
33904

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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS 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: Annika Klausen 4/27/05 (239) 699-6428  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #