


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90085 044 ***158.75

DOCUMENT # P04000018171 1. Entity Name KYLER CONSTRUCTION INC					
Principal Place of Business 14832 63RD STREET NORTH, UNIT #2 CLEARWATER, FL 33760 FL			Mailing Address 5408 ST. JAMES DR. NEW PORT RICHEY, FL 34652		
2. Principal Place of Business 7118 Dipaola Drive		3. Mailing Address Suite, Apt. #, etc.			
City & State Hudson, FL		City & State			
Zip 34667		Country US		4. FEI Number 20-0646126	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent RIVERVIEW FINANCIAL & ACCTG SVCS INC 7035 US HWY 301 S RIVERVIEW, FL 33569			7. Name and Address of New Registered Agent Name Kelly Drew Street Address (P.O. Box Number is Not Acceptable) 5408 St James Drive City New Port Richey FL Zip Code 34652		
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 <u>Kelly L. Drew</u> <u>Kelly Drew, Accountant</u> <u>1-18-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HEADLY, GILBERT 14832 63RD STREET NORTH, UNIT #2 CLEARWATER, FL 33760	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Gilbert Headly 7118 Dipaola Dr. Hudson, FL 34667
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<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: <u>Gilbert Headly</u> <u>4-25-05</u> <u>(727) 816-8847</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					