


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90078 031 ***150.00

DOCUMENT # P04000045774	
1. Entity Name KALYN ENTERPRISES INC.	

Principal Place of Business 2464 BENT TREE RD, APT 2612 PALM HARBOR, FL 34683	Mailing Address P O BOX 775 TARPON SPRINGS, FL 34688
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50035070

2. Principal Place of Business 7511 Culberson Dr Suite, Apt. #, etc.	3. Mailing Address P.O. Box 298 Suite, Apt. #, etc.
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City & State Port Richey FL	City & State Port Richey FL
Zip 34668	Zip 34673
Country USA	Country USA

03142005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0733736	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KIRBY, CONNIE LYN 2464 BENT TREE RD, APT 2612 PALM HARBOR, FL 34683	
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7. Name and Address of New Registered Agent	
Name Connie Lyn Kirby	
Street Address (P.O. Box Number is Not Acceptable) 7511 Culberson Dr.	
City Port Richey	FL Zip Code 34668

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 Connie Lyn Kirby - President <small>Signature, typed or printed name of registered agent and title if applicable.</small>	Connie Lyn Kirby <small>(NOTE: Registered Agent signature required when reinstating)</small>
	DATE 4/6/2005

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIRBY, CONNIE LYN 2464 BENT TREE RD, APT 2612 PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Connie Lyn Kirby 7511 Culberson Dr. Port Richey, FL 34668 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Connie Lyn Kirby - President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Connie Lyn Kirby <small>Date</small> 4/6/2005 <small>Daytime Phone #</small> 727-945-8911