

**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

**50035070**



2. Principal Place of Business  
*7511 Culberson Dr*  
 Suite, Apt. #, etc.

3. Mailing Address  
*P.O. Box 298*  
 Suite, Apt. #, etc.

03142005 Chg-P CR2E034 (10/03)

City & State  
*Port Richey FL*

City & State  
*Port Richey FL*

Zip Country  
*34668 USA*

Zip Country  
*34673 USA*

4. FEI Number  
**20-0733736**

Applied For  
 Not Applicable

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

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

**KIRBY, CONNIE LYN**  
 2464 BENT TREE RD, APT 2612  
 PALM HARBOR, FL 34683

**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* *Connie Lyn Kirby* *4/6/2005*  
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, 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>KIRBY, CONNIE LYN<br>2464 BENT TREE RD, APT 2612<br>PALM HARBOR, FL 34683 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

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

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <i>President</i><br><i>Connie Lyn Kirby</i><br><i>7511 Culberson Dr.</i><br><i>Port Richey, FL 34668</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>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* *Connie Lyn Kirby* *4/6/2005* *727-945-8911*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #