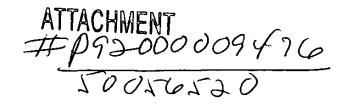
2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Jul 21, 2005 8:00 am DOCUMENT # P92000009476 Secrétary of State 1. Entity Name 07-21-2005 90026 031 \*\*\*150.00 KAYCO, INC. Principal Place of Business Mailing Address 1552 WEST KING STREET COCOA FL 32926 US 1552 WEST KING STREET COCOA FL 32926 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-3153808 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELLER, KAY Street Address (P.O. Box Number is Not Acceptable) 1552 WEST KING STREET **COCOA FL 32926** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PO THLE ☐ Detete TITLE Addition JUAN AZPIRI, 2186 Rockledge DR KELLER, KAY NAME NAME 2186 ROCKLEDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROCKLEDGE FL 32955 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-7IP CITY-ST-ZIP EHE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY - ST - ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - Z(P 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

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

7/18/05 321-636-6730



Florida Department of State Secretary of State Glenda E. Hood Division of Corporations

To whom it may concern:

I never received a renewal in the mail. The first thing I received was a notice of intent to dissolve.

Sincerely Yours

Kay Keller

President/Owner