2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 13, 2005 08:00 AM Secretary of State

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DOCUMENT # P94000037397 1. Entity Name * K.Y. MANAGEMENT, INC.				Secretary of State			te
Principal Place 1705 CAPE TAMPA, FL		Mailing Address 1705 CAPE BEND AVE TAMPA, FL 33613			i= 14111 #1411 ##11 ##11 ##1	,,,	71
	DO NOT WRITE	IN THIS SPA	CE	01112005 4. FEI Numbr 59-325	No Chg-P	CR2E034 (10/03) Applied Fo Not Applie \$8.75 Additional	or
	6 Name and Address of Current Re	enletered Anent	1			Fee Required	
6. Name and Address of Current Registered Agent SINGER, GILBERT M 705 W AZEELE ST. TAMPA, FL 33606			DO NOT WRITE IN THIS SPACE				
8. The above the obligated SIGNATURE.	e named entity submits this statement for thations of registered agent.		1ad office or register	ed agent, or bot	th, in the State of Flo	rida. I am familiar with, and acc	ept
				.00 May Be ed to Fees		DATE	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF D YOUNG, KENNETH J 1705 CAPE BEND AVE TAMPA, FL 33613	RECTORS			Hànna	1179051	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			grape to sep		01/13/05-	179051 80002-025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W		.7 = 2
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u></u>	IN 7	THIS SP	ACE	
NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS							
CITY-ST-7IP			j				

12. I hereby certify that the information supplied with this filling 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:

| SIGNATURE | | SIGNATURE | | SIGNATURE | SIGNATUR