


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90082 013 ***150.00

DOCUMENT # P95000008316	
1. Entity Name KEVIN R. DEYO INC.	

Principal Place of Business 246 E. SIXTH AVE. TALLAHASSEE FL 32303 US	Mailing Address 246 E. SIXTH AVE. TALLAHASSEE FL 32303 US
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2. Principal Place of Business 2417-4 Fleischmann RD.	3. Mailing Address 2417-4 Fleischmann RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tallahassee FL	City & State Tallahassee FL	4. FEI Number 59-3291355	Applied For <input type="checkbox"/> Not Applicable
Zip 32308	Country USA	Zip 32308	Country USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent DEYO, KEVIN R 3909 DURSET PLACE TALLAHASSEE FL 32303		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	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 *Kevin R. Deyo* **Kevin R. Deyo, President + P.A.** 4/26/04
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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME DEYO, KEVIN R	
STREET ADDRESS 246 E. SIXTH AVE.	
CITY-ST-ZIP TALLAHASSEE FL 32303	
TITLE S	<input type="checkbox"/> Delete
NAME SEPOWITZ, BRIAN	
STREET ADDRESS 246 E. SIXTH AVE.	
CITY-ST-ZIP TALLAHASSEE FL 32303	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Kevin R. Deyo* **Kevin R. Deyo** 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #