

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90235 013 ***150.00

DOCUMENT # P95000049675

1. Entity Name
O'CASEY'S IRISH CRYSTAL CO.



Principal Place of Business
17269 WILD HORSE CREEK
#140
CHESTERFIELD, MO 63005 US

Mailing Address
17269 WILD HORSE CREEK
#140
CHESTERFIELD, MO 63005 US

94074738



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
59-3324902

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAHLMAYER, CHRISTOPHER J
5364 EHRLICH ROAD
#1
TAMPA, FL 33624

Name **KIMBERLY GRAY**

Street Address (P.O. Box Number is Not Acceptable)

3806 N OAK DR. #V 91

City **TAMPA**

FL

Zip Code **33611**

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 **KIMBERLY GRAY** *Kimberly Gray* **REGISTERED AGENT** **4/27/04**
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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KAHLMAYER, JAMES C**
STREET ADDRESS **664 STONEBROOK CT.**
CITY-ST-ZIP **CHESTERFIELD, MO 63005**

TITLE **D** ☒ Change ☐ Addition
NAME **KAHLMAYER, CHRISTOPHER**
STREET ADDRESS **664 STONEBROOK CT**
CITY-ST-ZIP **CHESTERFIELD, MO 63005**

TITLE **D** ☐ Delete
NAME **KAHLMAYER, JUDITH A**
STREET ADDRESS **664 STONEBROOK CT.**
CITY-ST-ZIP **CHESTERFIELD, MO 63005**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **KAHLMAYER, CHRISTOPHER J**
STREET ADDRESS **5364 EHRLICH RD. #1**
CITY-ST-ZIP **TAMPA, FL 33624**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: *James C. Kahlmayer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04
Date

636-537-0775
Daytime Phone #