


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000066559	
1. Entity Name KAYE HOMES, INC.	

Principal Place of Business 5979 PINE RIDGE ROAD NAPLES, FL 34119	Mailing Address 5979 PINE RIDGE ROAD NAPLES, FL 34119
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DO NOT WRITE IN THIS SPACE

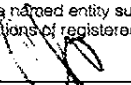


02042004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0669518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KAYE, JAY C 5979 PINE RIDGE RD. NAPLES, FL 34119	DO NOT WRITE IN THIS SPACE
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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:  (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000105991 04/07/04-80048-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST KAYE, C JAY 5979 PINE RIDGE ROAD NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KAYE, STUART O 5979 PINE RIDGE ROAD NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KOSMERL, ELIZABETH 5979 PINE RIDGE RD. NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #