


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90082 001 ***450.00

DOCUMENT # P98000047350	
1. Entity Name KAYFABE ENTERPRISES, INC.	

Principal Place of Business 2639 DR ML KING JR, ST N ST. PETERSBURG, FL 33704	Mailing Address P.O. DRAWER 76387 ST. PETERSBURG, FL 33734-6387 US
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2. Principal Place of Business - No P.O. Box # 600 First Avenue North Suite, Apt. #, etc. Suite 302	3. Mailing Address 600 First Avenue North Suite, Apt. #, etc. Suite 302
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City & State St. Petersburg, Florida	City & State St. Petersburg, Florida
Zip 33701	Country Pinellas



04302007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3653695		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WOOD, BRADLEY J 2639 DR ML KING JR STREET N ST. PETERSBURG, FL 33704		7. Name and Address of New Registered Agent Name Wood, Bradley J. Street Address (P.O. Box Number is Not Acceptable) 600 First Avenue North Suite 302 City St. Petersburg FL Zip Code 33701

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 *Bradley J Wood* (NOTE: Registered Agent signature required when reinstating) DATE *4/30/2007*

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, BRADLEY J 2639 DR. M.L. KING JR., ST. N. ST. PETERSBURG, FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wood, Bradley J. 600 First Avenue North, Suite 302 St. Petersburg, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLAIR, BRIAN L 2639 DR M.L. KING JR ST N ST. PETERSBURG, FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Blair, Brian L. 600 First Avenue North, Suite 302 St. Petersburg, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Bradley J Wood* **4/30/2007** **(727) 895-1981**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #