## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE:

## **FILED** Jan 31, 2005 08:00 AM DOCUMENT # P99000003873 **Secretary of State** 1. Entity Name DONALD J. KAYTON, INC. Principal Place of Business Mailing Address 2620 S TAMIAMI TRAIL 2620 S TAMIAMI TRAIL SARASOTA, FL 34239 SARASOTA, FL 34239 No Chg-P 01272005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied Far 65-0889729 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KAYTON, DONALD J DO NOT WRITE 2620 S TAMIAMI TRAIL SARASOTA, FL 34239 IN THIS SPACE 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 !! am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE U00000207352 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 02/01/05-80043-001 150.00 10. OFFICERS AND DIRECTORS TITLE D KAYTON, DONALD J NAME STREET ADDRESS 2620 S TAMIAMI TRAIL CITY-ST-ZIP SARASOTA, FL 34239 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 AND TYPED OR PRINTED, VAME OF SIGNING OFFICER OR DIRECTOR

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