

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-27-2004 90039 033 ***150.00

DOCUMENT # P99000061912

1. Entity Name
KEPAJO, INC.

Principal Place of Business
**440 FOURTH LANE S.W.
 VERO BEACH, FL 32966**

Mailing Address
**PO BOX 651445
 VERO BEACH, FL 32965**

2. Principal Place of Business
440 4th Lane SW

3. Mailing Address
 Suite, Apt. #, etc.

City & State
VERO BEACH, FL

City & State

Zip
32962 Country
USA

Zip Country



02232004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0935596 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CLARK, ROBERT C
 1601 20TH STREET
 VERO BEACH, FL 32966**

7. Name and Address of New Registered Agent
 Name **John A. Kurutz**
 Street Address (P.O. Box Number is Not Acceptable)
2065 De Rosa Drive
 City **VERO BEACH** FL Zip Code **32960**

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: *[Signature]* **President** DATE: **2-25-04**

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	STD KURUTZ, JOHN 440 FOURTH LANE S.W. VERO BEACH, FL 32966 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Kurutz, John A. 440 4th Lane SW VERO BEACH, FL 32962 <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 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: *[Signature]* **President** DATE: **2-25-04** DAYTIME PHONE #: **772-567-6776**