

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.

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

7. Name and Address of New Registered Agent

**CLARK, ROBERT C
1601 20TH STREET
VERO BEACH, FL 32966**

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
KURUTZ, JOHN
440 FOURTH LANE S.W.
VERO BEACH, FL 32966** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Kurutz, John A.
440 4th Lane SW
Vero Beach, FL 32962** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

John A. Kurutz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President **2-25-04** **772-567-6776**
Date Daytime Phone #