2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000091710

1. Entity Name
KYLIE, INC.

94076292

Principal Place of Business	Mailing Address
10508 US 41 NORTH	10508 US 41 NORTH
PALMETTO, FL 34221	PALMETTO, FL 34221

04142004   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0955099	Not Applicable

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

6. Name and Address of Current Registered Agent

AMERES, GEORGE
9411 71ST AVENUE EAST
PALMETTO, FL 34221

DO NOT WRITE 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. 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

TITLE	P
NAME	AMERES, GEORGE
STREET ADDRESS	9411 71ST AVE EAST
CITY-ST-ZIP	PALMETTO, FL 34221

TITLE	V
NAME	AMERES, EMMANUEL
STREET ADDRESS	7208 24TH AVENUE WEST
CITY-ST-ZIP	BRADENTON, FL 34209

TITLE	S
NAME	AMERES, KALLIOPI
STREET ADDRESS	7208 24TH AVENUE WEST
CITY-ST-ZIP	BRADENTON, FL 34209

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)(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: _____   4/27/04   941-721-9525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #