

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000091710**

1. Entity Name  
**KYLIE, INC.**



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

Mailing Address  
**815 8TH AVE W.  
PALMETTO, FL 34221**

**DO NOT WRITE IN THIS SPACE**



03112008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0955099**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**AMERES, GEORGE  
18306 PRARIE WOLF GLEN  
PARRISH, FL 34219**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**1000000880969  
04/15/08-80084-006 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P AMERES, GEORGE 18306 PRARIE WOLF GLEN PARRISH, FL 34219</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V AMERES, EMMANUEL 520 RIVERSIDE DRIVE PALMETTO, FL 34221</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S AMERES, KALLIOPI 520 RIVERSIDE DRIVE PALMETTO, FL 34221</b>
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 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** *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/14/08 941-722-9055**