
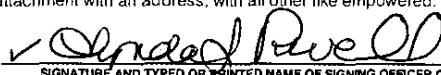


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S70253 1. Entity Name KEILYN, INC.						FILED 04 OCT -4 AM 10:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 3007 SUNSET LN LUTZ, FL 33549 US				Mailing Address 18415 CITATION ST LUTZ, FL 33549 US				
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.				
City & State				City & State				
Zip		Country		Zip		Country		
4. FEI Number 62-1472332				Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent POWELL, KEITH A. 18415 CITATION ST LUTZ, FL 33549				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>								
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP POWELL, KEITH A. 18415 CITATION ST LUTZ, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500041582475 10/04/04--01078--007 **150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST POWELL, LYNDAL 18415 CITATION ST LUTZ, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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			
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			
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			
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: 				9/26/04 <input checked="" type="checkbox"/>				83-948-0342
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>				<small>Daytime Phone #</small>

SMITH & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

Professional Association

J. MICHEAL SMITH, C.P.A.

CYNTHIA L. BLACK, C.P.A.

SUITE 207
4100 WEST KENNEDY BLVD.
TAMPA, FLORIDA 33609-2255
(813) 286-2400
TOLL FREE 1 (800) 530-6555
FAX (813) 281-1259

www.smithassociatescpas.com
mikesmithcpa@aol.com

SUITE 9
1601 RICKENBACKER DRIVE
SUN CITY CENTER, FLORIDA 33573-5332
(813) 634-8885
TOLL FREE 1 (800) 206-6444
FAX (813) 633-3228

Members: American Institute
and Florida Institute of CPAs

September 24, 2004

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CERTIFIED MAIL
Return Receipt Requested
7003 2260 0003 4546 4055

Re: Keilyn, Inc.
Doc. No. S70253

Ladies and Gentlemen: _____

The above referenced corporation has requested that we contact your office regarding the 2004 For Profit Corporation Annual Report. We checked your website and discovered the annual report had not been filed.

When we checked with the president regarding the 2004 Annual Report, he indicated he did not receive a form for filing this year.

Accordingly, we submit the signed 2004 For Profit Corporation Annual Report along with the company check in the amount of \$150.00.

We respectfully request that you accept the form as filed and recognize the \$150.00 as payment in full.

This corporation is a struggling small business, where due to recent business developments, the addition of the \$400.00 fee would create significant financial hardship that would be extremely difficult to overcome.

Therefore, we ask that you accept the enclosed Annual Report and \$150.00 payment and abate the additional fee in full.

If you should have any questions or require additional information, please do not hesitate to contact us. We look forward to your favorable reply.

Sincerely,

SMITH & ASSOCIATES, CPAs, P.A.

By: 

J. Micheal Smith, C.P.A.

JMS/clb

Enclosures: 2004 For Profit Corporate Annual Report
Corporate check in the amount of \$150

cc: Keith A. Powell, President
Keilyn, Inc.
18415 Citation Street
Lutz, FL 33549-5818