


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 333077

1. Entity Name
 KEVIN R. CO.



Principal Place of Business Mailing Address

15 HOLLOW WAY 15 HOLLOW WAY
 GLEN COVE, NY 11542 US GLEN COVE, NY 11542 US

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01082005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 23-1706736 Not Applicable

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

6. Name and Address of Current Registered Agent

BERGEN, PATRICIA
 1648 JUPITER COVE DT
 APT 315
 JUPITER, FL 33469

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CALAMARI, RAYMOND M 15 HOLLOW WAY GLEN COVE, NY 11542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CALAMARI, LEONORA 15 HOLLOW WAY GLEN COVE, NY 11542
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: Raymond M. Calamari 1/6/05 516 759 3634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #