


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90022 028 \*\*\*150.00

**DOCUMENT # 499198**  
 1. Entity Name  
**KAKYJOHN, INC.**



Principal Place of Business  
**2415 GRAND BOULEVARD  
 HOLIDAY, FL 34690 US**

Mailing Address  
**2482 ALLEGRO AVENUE  
 SPRING HILL, FL 34609**

40031274



2. Principal Place of Business - No P.O. Box  
*2415 Grand Blvd*

3. Mailing Address  
*2482 Allegro Ave*

Suite, Apt. #, etc.

02142007 Chg-P CR2E034 (12/06)

City & State  
*HOLIDAY FLA*

City & State  
*SPRING HILL FLA*

4. FEI Number  
**59-1652788**

Applied For  
 Not Applicable

Zip  
*34690*

Country  
*USA*

Zip  
*34690*

Country  
*USA*

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

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

**FRENETTE, JOHN R  
 2482 ALLEGRO AVENUE  
 SPRING HILL, FL 34609**

**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 \_\_\_\_\_  
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, 2007 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	<input type="checkbox"/> Delete
P	FRENETTE, JOHN	2482 ALLEGRO AVENUE	SPRING HILL, FL 34609	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 persons empowered.

**SIGNATURE:** *John R. Frenette* **JOHN R. FRENETTE** *2/21/07*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #