


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90029 011 ***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	
2. Principal Place of Business - No. P.O. Box # 2413 GRAN. Blvd		3. Mailing Address 2413 GRAND BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOLIDAY FL		City & State HOLIDAY FL	
Zip 34690		Zip 34690	
Country PASCO		Country PASCO	
4. FEI Number 59-1652788		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 FRENETTE, JOHN R 2482 ALLEGRO AVENUE SPRING HILL, FL 34609		7. Name and Address of New Registered Agent Name JOHN R Frenette Street Address (P.O. Box Number is Not Acceptable) 2482 Allegro Ave Spring Hill FL City Spring Hill FL Zip Code 34609	
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 _____			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete FRENETTE, JOHN 2482 ALLEGRO AVENUE SPRING HILL, FL 34609	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  JOHN R. Frenette		7/14/08 17279161213	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	