


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90385 036 ***150.00


DOCUMENT # 561540
 1. Entity Name
KALEIDOSCOPE LIMITED, INC.



Principal Place of Business: **U S 27 SOUTH PO BOX 48 LAMONT FL 32336**
 Mailing Address: **P O BOX 48 LAMONT FL 32336-048 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____



1st MOORE CR2E034 (10/04)

4. FEI Number: **59-2105902**
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**SKILES, STEPHEN
 697 FOREST LAIR
 TALLAHASSEE FL 32312**

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: _____ (NOTE: Registered Agent signature required when reinstating)
 DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE: DP	WITTER, RAY E.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 4039 CURLEW DR.		
CITY-ST-ZIP: PENSACOLA FL 32514		
TITLE: DVT	SKILES, STEPHEN	<input type="checkbox"/> Delete
STREET ADDRESS: 697 FOREST LAIR		
CITY-ST-ZIP: TALLAHASSEE FL		
TITLE: VD	SKILES, EMILY	<input type="checkbox"/> Delete
STREET ADDRESS: 697 FOREST LAIR		
CITY-ST-ZIP: TALLAHASSEE, F L.		
TITLE: VD	WITTER, RAY E. JR	<input type="checkbox"/> Delete
STREET ADDRESS: 2651 EGRET LANE		
CITY-ST-ZIP: TALLAHASSEE FL		
TITLE: _____	_____	<input type="checkbox"/> Delete
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		
TITLE: _____	_____	<input type="checkbox"/> Delete
STREET ADDRESS: _____		
CITY-ST-ZIP: _____		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Stephen Skiles 4/10/05 Date: _____ (850) 997-4569 Daytime Phone #