


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90235 013 \*\*\*150.00

**DOCUMENT # P95000049675**

1. Entity Name  
**O'CASEY'S IRISH CRYSTAL CO.**



Principal Place of Business  
**17269 WILD HORSE CREEK #140 CHESTERFIELD, MO 63005 US**

Mailing Address  
**17269 WILD HORSE CREEK #140 CHESTERFIELD, MO 63005 US**

**94074738**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number  
**59-3324902**

Applied For  
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent  
**KAHLMAYER, CHRISTOPHER J  
 5364 EHRlich ROAD #1  
 TAMPA, FL 33624**

7. Name and Address of New Registered Agent  
 Name **KIMBERLY GRAY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3806 N OAK DR. #V 91**  
 City **TAMPA** FL Zip Code **33611**

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 **KIMBERLY GRAY** *Kimberly Gray* REGISTERED AGENT **4/27/04**  
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KAHLMAYER, JAMES C	
STREET ADDRESS	664 STONEBROOK CT.	
CITY-ST-ZIP	CHESTERFIELD, MO 63005	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAHLMAYER, JUDITH A	
STREET ADDRESS	664 STONEBROOK CT.	
CITY-ST-ZIP	CHESTERFIELD, MO 63005	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KAHLMAYER, CHRISTOPHER J	
STREET ADDRESS	5364 EHRlich RD. #1	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHLMAYER, CHRISTOPHER	
STREET ADDRESS	664 STONEBROOK CT	
CITY-ST-ZIP	CHESTERFIELD, MO 63005	
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: *James C. Kahlmayer* **4/27/04** **636-537-0775**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #