

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
May 27, 2005 8:00 am
Secretary of State

04-29-2005 90228 050 ***150.00

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04222005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1381453 Applied For
Not Applicable

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

DOCUMENT # 392452

1. Entity Name
KELLY'S FISH HOUSE DINING ROOM, INC.



Principal Place of Business
1302 5TH AVE S
NAPLES, FL 33942

Mailing Address
1302 5TH AVE S
NAPLES, FL 33942

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCGILL, KELLY M.
1302 5TH AVE. SOUTH
NAPLES, FL 33940

DO NOT WRITE IN THIS SPACE

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 reappointing) DATE _____

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	V WHITE, JEAN G 1555 PELICAN AVE NAPLES, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELLIS, KELLY C 1302 5TH AVE S NAPLES, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCGILL, KELLY M 1302 5TH AVE S NAPLES, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, without other like empowerment.

SIGNATURE: Kelley C Ellis 5-23-05 239-774-0494

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