


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000060508</b>	
<b>1. Entity Name</b> KELRAY REALTY, INC.	

<b>Principal Place of Business</b> 101 POND CYPRESS RD. VENICE, FL 34292	<b>Mailing Address</b> 101 POND CYPRESS RD. VENICE, FL 34292
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02082005	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. FEI Number</b> 65-1124159	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>	<input type="checkbox"/>	<b>\$8.75</b>

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

BETTERTON, GREG A  
 981 RIDGEWOOD AVE., STE. 101  
 VENICE, FL 34292

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**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** \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing**  
 Trust Fund Contribution.  **\$5.00**

1100000225245  
 02/11/05-80030-023 150.00

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D SMETTS, ROBERT H 409 S. CASEY KEY RD. NOKOMIS, FL 34275
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D SMETTS, KARLA K 409 S. CASEY KEY RD. NOKOMIS, FL 34275
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

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**12.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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:** Robert H. Smetts **ROBERT H. SMETTS** 2-9-05 941 488 4586  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #