2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 02-22-2005 90016 026 ***150.00 DOCUMENT # P03000122042 RUSS KELLY BUILDER, INC. Principal Place of Business Mailing Address 7027 NATHAN RD 7027 NATHAN RD PENSACOLA, FL 32526 PENSACOLA, FL 32526 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02122005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0347985 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELLY, RUSSELL O Street Address (P.O. Box Number is Not Acceptable) 7027 NATHAN RD PENSACOLA, FL 32571 City 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. Signature, typed or printed name of registered agent and title if applicable DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change ☐ Addition ☐ Delete KELLY, RUSSELL O NAME NAME STREET ADDRESS 7027 NATHAN RD STREET ADDRESS PENSACOLA, FL 32526 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-71P Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-71P

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

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE ,

NAME

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP "-

CITY-ST-ZIP

CITY-ST-7IP

☐ Delete

☐ Delete

☐ Delete

FILED Feb 22, 2005 8:00 am

Change

☐ Change

☐ Change

☐ Addition

Addition

■ Addition