## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 11, 2008 8:00 am **DOCUMENT #283701 Secretary of State** KELSEY CONSTRUCTION SERVICES, INC. 01-11-2008 90066 037 \*\*\*150.00 Principal Place of Business Mailing Address 306 EAST PRINCETON STREET 306 EAST PRINCETON STREET ORLANDO, FL 32804 ORLANDO, FL 32804 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-1083114 Not Applicable Zip Country Zip Country \$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 Name KELSEY, J. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 306 E PRINCETON STREET ORLANDO, FL 32804 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE !S \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. С TITLE □ Delete TITLE ☐ Change Addition KELSEY, EUGENE W. III NAME NAME STREET ADDRESS 306 E PRINCETON STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP TITLE **X** Delete TITLE ☐ Change ☐ Addition KELSEY, ROBERT E. NAME STREET ADDRESS 306 E PRINCETON STREET ADDRESS CITY-ST-7IP ORLANDO, FL CITY-ST-ZIP PRESIDENT TITLE ☐ Delete TITLE ☐ Addition KELSEY, J MICHAEL NAME NAME STREET ADDRESS 306 E PRINCETON STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SMITH, MICHAEL W. NAME STREET ADDRESS 306 E. PRINCETON STREET ADDRESS CITY-ST-7IP ORLANDO, FL CITY-ST-7IP ☐ Delete TITLE Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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GNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-898-4101

Daytime Phone #

Date

FILED