2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# 328758

Entity Name: KELLY SHEET METAL, INC.

Current Principal Place of Business:

P O BOX 6067
4711 CAPITAL CIRCLE SW.
TALLAHASSEE, FL 323107568

New Principal Place of Business:

Current Mailing Address:

P O BOX 6067
4711 CAPITAL CIRCLE SW.
TALLAHASSEE, FL 323107568

New Mailing Address:

FEI Number: 59-1208669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLY,M D
4711 CAPITAL CIRCLE SW
TALLAHASSEE, FL 32301

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: POPPELL, WANDA K
Address: 2017 BEAVER CREEK DRIVE
City-St-Zip: HAVANA, FL 32333

Title: SD ( ) Delete
Name: KELLY, LENA M,
Address: 3200 BEN BOSTICK ROAD
City-St-Zip: QUINCY, FL 32351

Title: VD ( ) Delete
Name: OVERSTREET, DIANE K,
Address: 517 MEADOW RIDGE CT
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD ( ) Delete
Name: KELLY, TAYLOR M,
Address: 3200 BEN BOSTICK ROAD
City-St-Zip: QUINCY, FL 32351

Title: PD ( ) Delete
Name: KELLY, M D,
Address: 3200 BEN BOSTICK ROAD
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE K OVERSTREET VD 04/26/2004

Electronic Signature of Signing Officer or Director — Date