2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State
03-02-2004 90012 008 ***150.00

DOCUMENT # 605008

1. Entity Name
KIEVIT, KELLY & ODOM, P.A.

Principal Place of Business	Mailing Address
15 W MAIN ST PENSACOLA FL 32501	15 W MAIN ST PENSACOLA FL 32501

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
635 W. GARDEN ST	635 W GARDEN ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PENSACOLA FL	City & State: PENSACOLA FL
Zip: 32502 Country: ESCAMBIA	Zip: 32502 Country: ESCAMBIA

4. FEI Number 59-1391967 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KIEVIT, ROBERT W
15 W MAIN ST
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name BRADLEY S. ODOM
Street Address (P.O. Box Number is Not Acceptable) 635 W. GARDEN ST
City PENSACOLA FL Zip Code 32502

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 X BRADLEY S. ODOM
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ODOM, BRADLEY S 15 W MAIN ST PENSACOLA FL 32501	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	635 W GARDEN ST PENSACOLA FL 32502	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST KELLY, JOHN B 15 W. MAIN ST. PENSACOLA FL 32501	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: X [signature] BRADLEY S. ODOM 2/26/04 (850)434-3527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #