


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 11 AM 9:42

DOCUMENT # B04000000088			
1. Entity Name KELSON INDUSTRIAL SERVICE CO., LTD.			
Principal Place of Business 5123 PINE STREET, SUITE B PASADENA, TX 77503		Mailing Address 2221 SENS ROAD LA PORTE, TX 77571	
2. Principal Place of Business 2221 Sens Road		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State La Porte TX		City & State	
Zip 77571		Country	
01242005 Chg-LP CR2E003 (10/03)		4. FEI Number 74-1183923	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA FILING & SEARCH SERVICES, INC. 1333 N. DUVAL STREET TALLAHASSEE, FL 32302		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL 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. <u>NA</u>			
SIGNATURE <u>NA</u>		DATE <u>NA</u>	
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date. <u>0</u>	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F04000000128	STREET ADDRESS	
NAME	KELSON MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	2221 SENS ROAD		
CITY-ST-ZIP	LA PORTE, TX 77571		
DOCUMENT #		STREET ADDRESS	800048845428
NAME		CITY-ST-ZIP	03/22/05--01018--020 **141.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE: <u>Joe Vardell</u>		Date <u>1-26-05</u> (281)842-9353	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	

STAPLE CHECK HERE

FLORIDA