

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # F59554	
1. Entity Name KELJON, INC.	

Principal Place of Business 3846-C TAMiami TRAIL PORT CHARLOTTE FL 33952 US	Mailing Address 3846-C TAMiami TRAIL PORT CHARLOTTE FL 33952 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State
Zip	Country

4. FEI Number 59-2143112	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
KELSEY, CAROLE W. 3846-C TAMiami TRAIL PORT CHARLOTTE FL	

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.

SIGNATURE _____
Signature typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when registering.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	
TITLE	DP ☐ Delete
NAME	KELSEY, CAROLE W
STREET ADDRESS	3251 WHITE IBIS CT C-4
CITY- ST- ZIP	PUNTA GORDA, FL 00000
TITLE	D ☐ Delete
NAME	HELLER, JON
STREET ADDRESS	1161 CORRINE
CITY- ST- ZIP	PORT CHARLOTTE FL
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1000000797111
01/29/08-80059-022 150.00

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

SIGNATURE: Carole W. Kelsey **Carole W. Kelsey** **January 22, 2008** **941-625-3431**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Using English)