
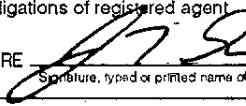



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # F66529					
1. Entity Name KEL-SAIL CORPORATION					
Principal Place of Business 4012 W. 23RD. ST. PANAMA CITY FL 32405 US			Mailing Address 4012 W. 23RD ST. 2615 MOUND AVENUE PANAMA CITY FL 32405 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2162926	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SALIBA, JIMMY T 2615 MOUND AVENUE PANAMA CITY FL 32401				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  Jimmy T Saliba DATE 1-21-05					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALIBA, ELIAS T.		NAME	U00000217319	
STREET ADDRESS	2615 MOUND AVE		STREET ADDRESS	02/07/05-80020-018 150.00	
CITY- ST- ZIP	PANAMA CITY, FL 00000		CITY- ST- ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALIBA, JIMMY T		NAME		
STREET ADDRESS	2615 MOUND AVE		STREET ADDRESS		
CITY- ST- ZIP	PANAMA CITY, FL 00000		CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALIBA, SAMMY T.		NAME		
STREET ADDRESS	2615 MOUND AVE.		STREET ADDRESS		
CITY- ST- ZIP	PANAMA CITY FL		CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALIBA, ELIAS T		NAME		
STREET ADDRESS	2615 MOUND AVE		STREET ADDRESS		
CITY- ST- ZIP	PANAMA CITY FL		CITY- ST- ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALIBA, SAMMY T		NAME		
STREET ADDRESS	2615 MOUND AVE		STREET ADDRESS		
CITY- ST- ZIP	PANAMA CITY FL		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Jimmy T Saliba** DATE **1-21-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR