


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90007 038 \*\*\*158.75

<b>DOCUMENT # G26478</b>	
1. Entity Name <b>KELLY-WILSON, INC.</b>	

Principal Place of Business <b>5168 NORWOOD AVE JACKSONVILLE FL 32208 US</b>	Mailing Address <b>5168 NORWOOD AVE JACKSONVILLE FL 32208 US</b>
---	---

2. Principal Place of Business <b>8445 OLD PLANK RD.</b> Suite, Apt. #, etc.	3. Mailing Address <b>8445 OLD PLANK RD.</b> Suite, Apt. #, etc.
--	--

City & State <b>JACKSONVILLE, FL.</b>	City & State <b>JACKSONVILLE, FL.</b>
Zip <b>32220</b>	Zip <b>32220</b>
Country <b>DUAL</b>	Country <b>DUAL</b>



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>WILSON, BARRY F. 5168 NORWOOD AVE JACKSONVILLE FL 32208</b>	
7. Name and Address of New Registered Agent Name <b>BARRY F. WILSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>8445 OLD PLANK RD.</b> City <b>JACKSONVILLE</b> FL <b>32220</b>	

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 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	DC WILSON, MILDRED K 604 E 59TH ST JACKSONVILLE, FL 00000 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILSON, BARRY F 8445 OLD PLANK RD JACKSONVILLE, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 **Barry F. Wilson** **2/25/04 904 693.4632**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #