


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90097 013 ***150.00

DOCUMENT # H51252 1. Entity Name KSI, INC.	
---	---

Principal Place of Business 1280 US HWY 1 SO. MALABAR FL 32950 US	Mailing Address 5 SAN SALVADOR ST SAINT AUGUSTINE FL 32084
--	--

2. Principal Place of Business <i>321 Charlotte St</i> Suite, Apt. #, etc.	3. Mailing Address <i>321 Charlotte St</i> Suite, Apt. #, etc.
--	--

City & State <i>St Augustine FL</i>	City & State <i>St Augustine FL</i>
Zip <i>32084</i>	Country <i>St Johns</i>

4. FEI Number 59-2537244	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KELLY, JAMES F. 5 SAN SALVADOR ST SAINT AUGUSTINE FL 32084	7. Name and Address of New Registered Agent Name <i>James F. Kelly</i> Street Address (P.O. Box Number is Not Acceptable) <i>321 Charlotte St</i> City <i>St Augustine</i> FL Zip Code <i>32084</i>
---	--

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 <i>James F. Kelly Dir/Pres</i> DATE <i>04-27-04</i>
---	---

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KELLY, JAMES F. 3495 WILLOWOOD DR W. MELBOURNE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KELLY, DEANNA B. 3495 WILLOWOOD DR MELBOURNE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HUNT, MIRIAM K. 25 GREENVIEW WAY UPPER MONTCLAIR NJ <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP James F. Kelly 321 Charlotte St St Augustine FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Deanna B. Kelly 321 Charlotte St St Augustine FL 32084 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: <i>James F. Kelly</i> DATE: <i>04-27-04</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Dir/Pres</i> Daytime Phone # <i>904-825-4795</i>	