

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K67205

Entity Name: KELLY MARIE, INC.

FILED
Jan 21, 2005
Secretary of State

Current Principal Place of Business:

22 N. CAUSEWAY DRIVE
FT. PIERCE, FL 34946 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3604
FT. PIERCE, FL 34948 US

New Mailing Address:

FEI Number: 65-0114673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACK, GLEN
26 NORTH CAUSEWAY DR.
FT. PIERCE, FL 34946 US

Name and Address of New Registered Agent:

BLACK, GLEN
22 NORTH CAUSEWAY DR.
FT. PIERCE, FL 34948 US

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.

SIGNATURE: GLEN J BLACK

01/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BLACK, GLEN J.,
Address: 22 NORTH CAUSEWAY DRIVE
City-St-Zip: FT. PIERCE, FL 34948

Title: D () Delete
Name: MACON, GLENDA
Address: 22 NORTH CAUSEWAY DRIVE
City-St-Zip: FORT PIERCE, FL

Title: DST () Delete
Name: HEGEDUS, CATHY M.,
Address: 1655 COPENHAVER ROAD
City-St-Zip: FT. PIERCE, FL

Title: D () Delete
Name: CASSON, TAMMY
Address: 22 NORTH CAUSEWAY DRIVE
City-St-Zip: FORT PIERCE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MACON, GLENDA
Address: 22 NORTH CAUSEWAY DRIVE
City-St-Zip: FORT PIERCE, FL 34948

Title: DST (X) Change () Addition
Name: HEGEDUS, CATHY M.,
Address: 1655 COPENHAVER ROAD
City-St-Zip: FT. PIERCE, FL 34945

Title: D (X) Change () Addition
Name: CASSON, TAMMY
Address: 22 NORTH CAUSEWAY DRIVE
City-St-Zip: FORT PIERCE, FL 34948

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLEN J BLACK

PD

01/21/2005

Electronic Signature of Signing Officer or Director

Date