


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K98212</b>		
1. Entity Name A.W. KELLEY'S GARDENS, INC.		
Principal Place of Business C/O ARTHUR KELLEY 6901 HENDRY CRK DR FORT MYERS, FL 33908 US	Mailing Address C/O ARTHUR KELLEY 6901 HENDRY CRK DR FORT MYERS, FL 33908 US	
<b>DO NOT WRITE IN THIS SPACE</b>		



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0123150	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  KELLEY, ARTHUR 6901 HENDRY CREEK DRIVE FORT MYERS, FL 33908	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	UNIONID085783 03/11/04-80062-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLEY, ARTHUR W. 6901 HENDRY CRK DR FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLEY, DIXIE P. 6901 HENDRY CRK DR FORT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLEY, DREW 6901 HENDRY CRK DR FT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLEY, KENT 6901 HENDRY CRK DR FT MYERS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** Dixie P. Kelley **3-9-04** 239-481-1555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #