

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L79170 1. Entity Name K & S MANUFACTURING, INC.	
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Principal Place of Business % JOHN KELLY 10771 HWY 40 EAST INGLIS, FL 34449 US	Mailing Address % JOHN KELLY 10771 HW 40 EAST INGLIS, FL 34449 US
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DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3009382	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JOHN W. KELLY SEA SIDE RETREAT #102 8030 FIRST COAST HWY. AMELIA ISLD, FL 32034	DO NOT WRITE IN THIS SPACE
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLY, JOHN W 8030 FIRST COAST HWY. #102 FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHARKEY, JON 11579 OSAGE RD DUNNELLON, FL 34431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHARKEY, AMY 11579 OSAGE RD DUNNELLON, FL 34431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLY, MARJORIE 8030 FIRST COAST HWY. #102 FERNANDINA BEACH, FL 32034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/05/05-80012-011 150.00

**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)(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: <u>Amy Sharkey</u> AMY SHARKEY	1-26-05 352-447-3571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

4-1-05