2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 04, 2008 8:00 am **Secretary of State** DOCUMENT #L79170 03-04-2008 90014 019 ***150 00 1. Entity Name K & S MANUFACTURING, INC. Principal Place of Business Mailing Address % JOHN KELLY % JOHN KELLY 10771 HWY 40 EAST 10771 HW 40 EAST INGLIS, FL 34449 US INGLIS, FL 34449 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. Chg-P 01142008 CR2E034 (12/06) City & State City & State Applied For 4. FEI Number 59-3009382 Not Applicable Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHN W. KELLY 9093 SW 192ND COURT ROAD Street Address (P.O. Box Number is Not Acceptable) DUNNELLON, FL 34432 Zip Code 8. The above names ity 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 q ered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change KELLY, JOHN W KELLY, JOHN W NAME NAME 11884 N. BLUFF COVE STREET ACCRESS 9093 SW 192ND CT ROAD STREET ADDRESS 34434 **DUNNELLON, FL 34432** CITAUS SPRINGS . FL CITY-ST-ZIP CITY-ST-7IP ПЛЕ D Delete ☐ Change ☐ Addition TITLE SHARKEY, JON NAME NAME 11579 OSAGE RD STREET ADORESS STREET ADDRESS DUNNELLON, FL 34431 CITY-ST-ZIP CITY-ST-ZIP n TITLE ☐ Detete ☐ Change - ☐ Addition SHARKEY, AMY NAME MAME STREET ADDRESS 11579 OSAGE RD STREET ADDRESS DUNNELLON, FL 34431 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition KELLY, MARJORIE NAME NAME STREET ADDRESS 9093 SW 192ND CT ROAD STREET ADDRESS 11884 N. BLUFF COVE CITY-ST-ZIP DUNNELLON, FL 34432 CITY-ST-78P TITLE ☐ Delete DTI F Addition Change NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the internation supplied with this filing does not quality for the exemptions contained in Chapter 119, 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 tolexecute this region as required by Chapter 607, Plorida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an entactment within a didress, with all other like empowered.

FILED

Davtime Phone #