

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90213 027 ****50.00

DOCUMENT # L93000000012

1. Entity Name
KELLY BOAT SERVICES, L.C.



Principal Place of Business

4502 HWY 20 E.
NICEVILLE, FL 32578

Mailing Address

P.O. BOX 5176
NICEVILLE, FL 32578

24010156

DO NOT WRITE IN THIS SPACE

01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3228037

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRI, DANIEL C
5 CLIFFORD DR
SUITE 12
SHALIMAR, FL 32579

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE M
NAME SIMS, PAUL
STREET ADDRESS 4502 HWY 20 E.
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE M
NAME KELLY, CAROL
STREET ADDRESS 3871 INDIAN TRAIL, APT 8A
CITY-ST-ZIP DESTIN, FL 32541

TITLE M
NAME KELLY, IMOGENE
STREET ADDRESS 950 HWY. 98 E., #7102
CITY-ST-ZIP DESTIN, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Paul Sims, MANAGER 1/14/04 850-897-6608