


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L94993 1. Entity Name KLE-PEL PARTNERS, INC.	
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Principal Place of Business 943 CESERY BLVD. JACKSONVILLE, FL 32211	Mailing Address 943 CESERY BLVD. JACKSONVILLE, FL 32211
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DO NOT WRITE IN THIS SPACE



01112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3028244	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEPRELL, SAMUEL L 1930 SAN MARCO BLVD SUITE 201 ST MARKS PLACE JACKSONVILLE, FL 32207	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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000034461 02/05/04-80084-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KLECHAK, THOMAS L 943 CESERY BLVD. JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT PELLICER, RICHARD A 943 CESERY BLVD. JACKSONVILLE, FL 32211
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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: Richard Pellicer 2/3/04 904-725-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #