2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N44871

1. Entity Name
KELLY DOCKS CHARTER SERVICE, INC.

Principal Place of Business	Mailing Address
~~76 E. HWY. 98~~ *100 B E. Hwy 98* DESTIN, FL 32541 US	P O BOX 753 DESTIN, FL 32540 US

J4U08176

04152004 No Chg-NP   CR2E037 (10/03)

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4. FEI Number	Applied For
59-3111793	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, JACKIE
320 SUMMIT DRIVE
DESTIN, FL 32541

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARNOLD, JACKIE
STREET ADDRESS	320 SUMMIT DR.
CITY-ST-ZIP	DESTIN, FL

TITLE	VPD
NAME	TAYLOR, JOE M.
STREET ADDRESS	219 SIBERT AVE.
CITY-ST-ZIP	DESTIN, FL

TITLE	VPD
NAME	MILLER, ADAM R
STREET ADDRESS	330 D SIBERT AVENUE
CITY-ST-ZIP	DESTIN, FL 32541

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, 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: *Jackie Arnold*   4/15/04   8508372343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #