

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N44871</b> 1. Entity Name <b>KELLY DOCKS CHARTER SERVICE, INC.</b>	
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Principal Place of Business <b>100-B E. HWY 98 DESTIN, FL 32541 US</b>	Mailing Address <b>P O BOX 753 DESTIN, FL 32540 US</b>
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**DO NOT WRITE IN THIS SPACE**



04092005 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3111793</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**ARNOLD, JACKIE  
320 SUMMIT DRIVE  
DESTIN, FL 32541**

**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 renewing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARNOLD, JACKIE 320 SUMMIT DR. DESTIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TAYLOR, JOE M. 219 SIBERT AVE. DESTIN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLER, ADAM R 330 D SIBERT AVENUE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. **DO NOT WRITE  
IN THIS SPACE**

1000001303084  
04/13/05-80096-024 61.25

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 E. ARNOLD, PRES  
Jackie Arnold  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05 850-837-2343  
Date Daytime Phone #