


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000033048</b>	
1. Entity Name KELCRO ENTERPRISES, INC.	

Principal Place of Business 211 NORTH COMMERCE AVENUE AVON PARK, FL 33825	Mailing Address 211 NORTH COMMERCE AVENUE AVON PARK, FL 33825
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01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3646067	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  CROW, LON W IV 211 NORTH COMMERCE AVENUE AVON PARK, FL 33825
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROW, LON W 1347 EDGEWATER POINT SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROW, SHERRI 1347 EDGEWATER POINT SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CROW, LON W 1347 EDGEWATER POINT DR SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CROW, SHERRI B 1347 EDGEWATER POINT DR SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000187074  
01/21/05-80080-018 150.00

**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:**  **1/17/05** **863 382 2374**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #