## 2004 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT (AR)** Feb 24, 2004 8:00 am DOCUMENT # P00000074046 **Secretary of State** 02-24-2004 90019 018 \*\*\*158.75 KELLY-PLAIN CONSTRUCTION, INC. Principal Place of Business Mailing Address 2577 NE HWY 6 2577 NE HWY 6 MADISON FL 32340 MADISON FL 32340 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For 59-3666575 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEĽSON, ANDREA V 215 N MONROE ST, STE 600-A Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition Plain, Gena Kay 2577 NE Hwy 6 PLAIN, GENA KAY NAME NAME 2577 NE HWY 6 STREET ADDRESS STREET ADDRESS MADISON FL 32340 CITY-ST-ZIP Madison FL 32340 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition Plain JOANN Kelly NAME PLAIN, JOANN NAME R4. 1 Box 3390 STREET ADDRESS RT 1 BOX 3390 STREET ADDRESS CITY-ST-ZIP MADISON FL 32340 CITY-ST-ZIP Madison FL 32340 TITLE ☐ Delete TITLE Change ☐ Addition Plain, Daniel Lee NAME PLAIN, DANIEL LEE NAME 2577 NE HWY 6 STREET ADDRESS 2577 NE HWY 6 STREET ADDRESS CITY-ST-7IP MADISON FL 32340 CITY-ST-ZIP Madison FL. 32340 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 TITLE ☐ Delete TITLE Change Addition

12. Thereby 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 of ustee 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 a address, with all other like empo

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: >

NAME STREET ADDRESS

City-St-7IP