

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90033 049 ***158.75

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1. Entity Name

KELLY-PLAIN CONSTRUCTION, INC.



Principal Place of Business

2577 NE HWY 6
MADISON FL 32340

Mailing Address

2577 NE HWY 6
MADISON FL 32340

2. Principal Place of Business.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

NELSON, ANDREA V
215 N MONROE ST, STE 600-A
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

W. THOMAS COPELAND

Street Address (P.O. Box Number is Not Acceptable)

208 S. Range st.

City

Madison

FL

Zip Code
32340

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

W. THOMAS COPELAND, Registered 2-15-05
Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME PLAIN, GENA KAY
STREET ADDRESS 2577 NE HWY 6
CITY-ST-ZIP MADISON FL 32340

TITLE V ☐ Delete
NAME PLAIN, JOANN KELLY
STREET ADDRESS RT 1 BOX 3390
CITY-ST-ZIP MADISON FL 32340

TITLE ST ☐ Delete
NAME PLAIN, DANIEL LEE
STREET ADDRESS 2577 NE HWY 6
CITY-ST-ZIP MADISON FL 32340

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Daniel L. Plain Daniel L. Plain 02/15/05 (850) 528-8051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #