## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000064820

Name:

Address:

City-St-Zip:

KELLEY, CHRISTINE M

MERRITT ISLAND, FL 32952

1530 S. HARBOR DR.

Entity Name: KELLEY MANAGEMENT GROUP, INC

FILED Jan 31, 2004 Secretary of State

Littly Na	ille. Keller	MANAGEMEN	I GROOF, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
	ARBOR DR. ISLAND, FL	32952					
Current Mailing Address:				New Mailing Address:			
	ARBOR DR. ISLAND, FL	32952					
FEI Number: 59-3727964 FEI Number Applied For			pplied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Addres	Name and Address of New Registered Agent:		
20 N. EOL ORLANDO The above in the State	), FL 32801 named entity of Florida.	US  submits this sta	atement for the p	ourpose of changing its registe	ered office or registered agent, or both,		
SIGNATURE: Electronic Signature of Registered Agent				ent	Date		
Election Car	mpaign Financi	ng Trust Fund Cor	ntribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHAM	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	KELLEY, KEV 1530 S. HAR			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	KELLEY, DAY 1530 S. HAR			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title:	D (	) Delete		Title:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: KEVIN W. KELLEY D 01/31/2004