2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-27-2005 90002 014 ***150.00
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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06222005 Chg-P. CR2E034 (10/03)

DOCUMENT # P01000091668

1. Entity Name
LAW OFFICES OF KELLIE J. KILLEBREW. P.A.

Principal Place of Business	Mailing Address
14725 92ND CT N WEST PALM BEACH, FL 33412	14725 92ND CT N WEST PALM BEACH, FL 33412

2. Principal Place of Business		3. Mailing Address	
320 S. Woodland Blv.		320 S. Woodland Blvd.	
Suite Apt. #, etc.: A		Suite Apt. #, etc.: A	
City & State: Deland FL		City & State: Deland FL	
Zip: 32720	Country	Zip: 32720	Country

4. FEI Number: 65-1140295 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KILLEBREW, KELLIE J 14725 92ND CT N WEST PALM BEACH, FL 33412	Name: Kellie J. Killebrew Street Address (P.O. Box Number is Not Acceptable): 320 S. Woodland Blvd. Suite A City: Deland FL Zip Code: 32720

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] 6/24/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KILLEBREW, KELLIE J		NAME		
STREET ADDRESS	14725 92ND CT N		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33412		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] Kellie Killebrew 6/24/05 386-740-7916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #