

# 2004 FOR PROFIT CORPORATION. ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90063 031 \*\*\*150.00

**DOCUMENT # P02000042372**

1. Entity Name

KELLEY RESTAURANTS, INC.



Principal Place of Business

10464 PHILLIPS HWY.  
UNIT 201  
JACKSONVILLE FL 32256

Mailing Address

4241 NEW HAMPSHIRE ROAD  
ELKTON FL 32033

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

45-0473777

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

KELLEY, SCOTT  
4241 NEW HAMPSHIRE ROAD  
ELKTON FL 32033

Name

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

City

**FL**

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

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**

**After May 1, 2004 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

T ☐ Delete  
NAME KELLEY, DEBBIE L  
STREET ADDRESS 4241 NEW HAMPSHIRE RD.  
CITY-ST-ZIP ELKTON FL 32033

V ☐ Delete  
NAME KELLEY, STEVEN  
STREET ADDRESS 4022 TYNDER CREEK PL.  
CITY-ST-ZIP JACKSONVILLE FL 32223

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

V ☒ Change ☐ Addition  
NAME KELLEY, STEVEN  
STREET ADDRESS 21 OAKMONT RD.  
CITY-ST-ZIP SAVANNAH, GA 31419

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

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

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

☐ 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:** *Debbie L. Kelley* DEBBIE L. KELLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04

Date

904-824-9682

Daytime Phone #