## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Apr 12, 2005 8:00 am Secretary of State DOCUMENT # P02000066945 04-12-2005 90156 029 \*\*\*150.00 Kelly Ranch, Inc. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1500 15T COast Hw Same 20030122s SPACE Suite, Apt. #, etc Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent DO-NOT WRITE IN THIS SPACE Zip Code 30034 Amelia 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 Kelly, Jr. SIGNATURE dary 1 - May 1 Fee is \$150.00 9. Election Campaign Financing After May 1, Fee is \$550.00 \$5.00 May Be Amended UBR is \$61.25 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. James R. Helly Jr., Ares CR2E034B (12/02) TITLE NAME 7500 First Coast Hwy. STREET ADDRESS STREET ADDRESS Amelia FS. FL 32034 CITY-ST-ZIP City-St-ZiP James P. Kelly, Jr. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE 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 on an attachment with an address, with all other like emgowered.

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

TITLE NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED