

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91023 030 ***150.00

DOCUMENT # P02000063398

1. Entity Name
KELJON BOBBER COMPANY, INC.



Principal Place of Business
**4117 APPLETON TERRACE
NORTH PORT, FL 34286**

Mailing Address
**4117 APPLETON TERRACE
NORTH PORT, FL 34286**

94081847



2. Principal Place of Business
4289 BLUERIDGE STREET
Suite, Apt. #, etc.

3. Mailing Address
4289 BLUERIDGE STREET
Suite, Apt. #, etc.

04282004 Chg-P CR2E034 (10/03)

City & State
NORTH PORT, FL
Zip
34287
Country
US

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NORTH PORT, FL
Zip
34287
Country
US

4. FEI Number
01-0711744
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**OWENS, H. KELLY
5013 POCATELLA AVE
NORTH PORT, FL 34287**

7. Name and Address of New Registered Agent

Name
OWENS, H. KELLY
Street Address (P.O. Box Number is Not Acceptable)
4289 BLUERIDGE STREET
City
NORTH PORT **FL** Zip Code
34287

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: *H. Kelly Owens* *H. Kelly Owens* **4/28/04**
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**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **OWENS, H KELLY**
STREET ADDRESS **5013 POCATELLA AVE**
CITY-ST-ZIP **NORTH PORT, FL 34287**

TITLE **D** ☐ Delete
NAME **BILL, JOHN K**
STREET ADDRESS **4117 APPLETON TERR**
CITY-ST-ZIP **NORTH PORT, FL 34286**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **D** ☒ Change ☐ Addition
NAME **OWENS, H KELLY**
STREET ADDRESS **4289 BLUERIDGE STREET**
CITY-ST-ZIP **NORTH PORT, FL 34287**

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

TITLE ☐ Change ☐ Addition
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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: *H. Kelly Owens* *H. Kelly Owens* **4/29/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #