

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90042 002 \*\*\*150.00

<b>DOCUMENT # P02000063398</b> 1. Entity Name <b>KELJON BOBBER COMPANY, INC.</b>			
Principal Place of Business <b>4289 BLUE RIDGE STREET NORTH PORT, FL 34287</b>		Mailing Address <b>4289 BLUE RIDGE STREET NORTH PORT, FL 34287</b>	
2. Principal Place of Business <b>1112 W. Hillsborough Blvd. Suite. Apt. #, etc. North Port FL City &amp; State 34288 U.S.A.</b>		3. Mailing Address <b>1112 W. Hillsborough Blvd. Suite. Apt. #, etc. North Port FL City &amp; State 34288 U.S.A.</b>	
Zip Country <b>34288 U.S.A.</b>		Zip Country <b>34288 U.S.A.</b>	
4. FEI Number <b>01-0711744</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>OWENS, H. KELLY 4289 BLUE RIDGE STREET NORTH PORT, FL 34287</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OWENS, H KELLY</b> <b>4289 BLUE RIDGE STREET</b> <b>NORTH PORT, FL 34287</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Owens H. Kelly</b> <b>1112 W. Hillsborough Blvd.</b> <b>North Port FL 34288</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BILL, JOHN K</b> <b>4117 APPLETON TERR</b> <b>NORTH PORT, FL 34286</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <i>H. Kelly Owens</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>March 25 2005</b> <b>941 423-8073</b> <small>Date Daytime Phone #</small>	