

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90416 023 ***150.00

DOCUMENT # P02000068752

1. Entity Name

KILEY HOLDINGS CORPORATION



Principal Place of Business

2141 ALT A1A SOUTH
SUITE 200
JUPITER FL 33477

Mailing Address

2141 ALT A1A SOUTH
SUITE 200
JUPITER FL 33477

2. Principal Place of Business

13241 OAKMEADE

Suite, Apt. #, etc.

3. Mailing Address

13241 OAKMEADE

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

PALM BEACH GARDENS FL

Zip 33418

Country USA

City & State

PALM BEACH GARDENS FL

Zip 33418

Country USA

4. FEI Number

65-1166875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KILEY, MICHAEL
2141 ALT A1A SOUTH
SUITE 200
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name MICHAEL KILEY

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

13241 OAKMEADE

City PALM BEACH GARDENS FL Zip Code 33418

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 Michael Kiley MICHAEL KILEY

4/1/04

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

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

TITLE P
NAME KILEY, MICHAEL
STREET ADDRESS 13241 OAK MEADE
CITY-ST-ZIP PALM BEACH GARDENS FL 33148 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

SIGNATURE: Michael Kiley MICHAEL KILEY 4/1/04 744-3300 (561)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #