

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

05-06-2004 90189 044 ***150.00

DOCUMENT # P03000000270 1. Entity Name KELSALL CORPORATION					
Principal Place of Business 101 LAKE HOWARD DR SW WINTER HAVEN, FL 33880			Mailing Address 101 LAKE HOWARD DR SW WINTER HAVEN, FL 33880		
2. Principal Place of Business 108 Bayberry Circle Suite, Apt. #, etc.		3. Mailing Address 108 Bayberry Circle Suite, Apt. #, etc.			
City & State Jupiter, FL Zip 33458		City & State Jupiter, FL Zip 33458		4. FEI Number 20-1226147	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PKWY STE. 300 TAMPA, FL 33637-2087				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signs as if required unless indicated) DATE _____					
FILE NOW!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete KELSALL, JAY E 101 LAKE HOWARD DR SW WINTER HAVEN, FL 33880		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 108 Bayberry Circle Jupiter, FL 33458	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE 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: <u>J. E. Kelsall</u> 5/1/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					