2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State
04-19-2004 90400 032 ***150.00

DOCUMENT # P03000038015

1. Entity Name
KELLY CUSTOMER IMPRESSIONS, INC.

Principal Place of Business	Mailing Address
3509 LAKE AZURE COURT SUITE 102 D TAMPA FL 33614	3509 LAKE AZURE COURT SUITE 102 D TAMPA FL 33614

2. Principal Place of Business	3. Mailing Address
3507 Pine Cove Ct.	P.O. Box X271601
Suite, Apt. #, etc.: 102D	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33614 Country: U.S.A.	Zip: 33688 Country: U.S.A.

MOORE CR2E034 (11/03)

4. FEI Number 16-1663157 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KELLY, DOUG 3509 LAKE AZURE COURT SUITE 102 D TAMPA FL 33614	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: Doug Kelly
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KELLY, DOUG ~~3509 LAKE AZURE COURT #102 D~~ ~~TAMPA FL 33614~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Kelly, DOUG 3507 Pine Cove Ct. #102D Tampa, FL 33614	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BRADEN, KELLY ~~3509 LAKE AZURE COURT #102 D~~ ~~TAMPA FL 33614~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Braden, Kelly 3507 Pine Cove Ct., #102D Tampa FL 33614	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KELLY, LYNN ~~3509 LAKE AZURE COURT #102 D~~ ~~TAMPA FL 33614~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Kelly, LYNN 3507 Pine Cove Ct., #102D Tampa, FL 33614	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KELLY, MICHAEL ~~3509 LAKE AZURE COURT #102 D~~ ~~TAMPA FL 33614~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Kelly, Michael 3507 Pine Cove Ct., #102D Tampa, FL 33614	☑ 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: Doug Kelly DOUG KELLY 4/15/04 813-546-8241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #