

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048449

Entity Name: KELMAG MANAGEMENT INC.

FILED  
May 11, 2009  
Secretary of State

## Current Principal Place of Business:

13009 LAKE KARL DR.  
HUDSON, FL 34669 US

## New Principal Place of Business:

## Current Mailing Address:

13009 LAKE KARL DR.  
HUDSON, FL 34669 US

## New Mailing Address:

FEI Number: 56-2364124

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

COOGAN, DAVID G  
2599 DOLLY BAY DRIVE  
#209  
PALM HARBOR, FL 34684 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: COOGAN, DAVID G  
Address: 29 DOLLY BAY DRIVE, #209  
City-St-Zip: PALM HARBOR, FL 34684 US

Title: VP ( ) Delete  
Name: DAMIANI, CHRISTOPHER L  
Address: 11125 LAKEVIEW DR.  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: T ( ) Delete  
Name: DAMIANI, JOSEPH C  
Address: 2624 HAWK ROOST CT  
City-St-Zip: HOLIDAY, FL 34691 US

Title: S ( ) Delete  
Name: WILLEY, KATHRYN M  
Address: 2599 DOLLY BAY DRIVE, #209  
City-St-Zip: PALM HARBOR, FL 34684 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID COOGAN

P

05/11/2009

Electronic Signature of Signing Officer or Director

Date