2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2005 08:00 AM Secretary of State DOCUMENT # P03000077483 1. Entity Name DICK KELLY ENTERPRISES, INC. Principal Place of Business Mailing Address 1815 W MESA VERDE DR BEVERLY HILLS FL 34465 1815 W MESA VERDE DR BEVERLY HILLS FL 34465 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEi Number City & State Applied For 75-2695854 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PONDER, CHARLES L Street Address (P.O. Box Number is Not Acceptable) 21 BEVERLY HILLS BLVD **BEVERLY HILLS FL 34465** City 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature reduired when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DPST Delete DUE Change Addition NAME KELLY, RICHARD L NAME STREET ADDRESS 1815 W MESA VERDE DR STREET ADDRESS BEVERLY HILLS FL 34465 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 21111 ☐ Change ☐ Addition NAME 1/000000300158 STREET ADDRESS STREET ADDRESS 04/12/05-80011-001 150.00 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete auce Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete THILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Tritte Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

Date

Pra RICHARO L.

FILED