

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000089102

1. Entity Name
KELCO TRADING CO., INC.



Principal Place of Business
6350 15TH STREET EAST
SARASOTA, FL 34243 US

Mailing Address
5303 52ND AVENUE WEST
BRADENTON, FL 34210 US

DO NOT WRITE IN THIS SPACE



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number
90-0146667

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SAMS, LAURIE B
2815 PROCTOR ROAD
SARASOTA, FL 34231

**DO NOT WRITE
IN THIS SPACE**

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

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCLEMORE, GREGORY
STREET ADDRESS	5303 52ND AVENUE WEST
CITY - ST - ZIP	BRADENTON, FL 34210
TITLE	S, T
NAME	MCLEMORE, KELLY
STREET ADDRESS	5303 52ND AVENUE WEST
CITY - ST - ZIP	BRADENTON, FL 34210
TITLE	VP
NAME	DEKAR, CAROL
STREET ADDRESS	4812 61ST AVENUE DRIVE WEST
CITY - ST - ZIP	BRADENTON, FL 34210
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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05/02/05-80027-022 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05

Date

947550551

Daytime Phone #