
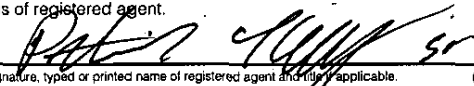
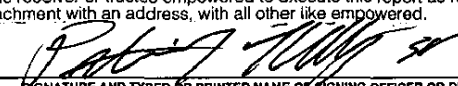


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90328 019 ***150.00

DOCUMENT # P03000105167 1. Entity Name PATRICK KELLY AND SONS METAL FRAMING INC.					
Principal Place of Business 11190 SE 131ST TERRACE DUNNELLON, FL 34431			Mailing Address 11190 SE 131ST TERRACE DUNNELLON, FL 34431		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEJ Number 14-1894593	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KELLY, PATRICK SR 11190 SE 131ST TERRACE DUNNELLON, FL 34431				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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:  <small>Signature, typed or printed name of registered agent and fee applicable.</small>				DATE: 4-8-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD KELLY, PATRICK SR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLY, PATRICK SR		NAME		
STREET ADDRESS	11190 SE 131ST TERRACE		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON, FL 34431		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLY, CHRISTOPHER		NAME		
STREET ADDRESS	11190 SE 131ST TERRACE		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON, FL 34431		CITY-ST-ZIP		
TITLE	T <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLY, PATRICK JR		NAME		
STREET ADDRESS	11190 SE 131ST TERRACE		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON, FL 34431		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLY, TERESA		NAME		
STREET ADDRESS	11190 SE 131ST TERRACE		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON, FL 34431		CITY-ST-ZIP		
TITLE	Treasurer <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Kelly, Teresa		NAME		
STREET ADDRESS	11190 SE 131st Terrace		STREET ADDRESS		
CITY-ST-ZIP	Dunnellon FL 34431		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 4-8-04 DAYTIME PHONE: 352-427-8785		