# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

09-03-2004 90004 034 ***155.00
P03000123322
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT -6 AM 11:40

DOCUMENT # P03000123322

1. Entity Name
KELLEY MASONRY, INC.

24083417

04042004 Chg-P CR2E034 (10/03)

| Principal Place of Business | Mailing Address |
|---|---|
| 8430 CHUMUCKLA HWY.<br>PACE, FL 32571 | 8430 CHUMUCKLA HWY.<br>PACE, FL 32571 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 9192 Chumuckla Hwy<br>Suite, Apt. #, etc. | 9192 Chumuckla Hwy<br>Suite, Apt. #, etc. |
| City & State: Pace Fl.<br>Zip: 32571 Country: Santa Rosa | City & State: Pace Fl.<br>Zip: 32571 Country: Santa Rosa |

4. FEI Number: 51-0508458 ☐ 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 |
|---|---|
| KELLEY, GERALD R<br>8430 CHUMUCKLA HWY.<br>PACE, FL 32571 | Name: Kelley, Gerald R.<br>Street Address (P.O. Box Number is Not Acceptable): 9192, Chumuckla Hwy<br>City: PACE FL Zip Code: 32571 |

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: Gerald R. Kelley — Gerald R. Kelley — 8/16/04
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**

9. Election Campaign Financing Trust Fund Contribution. ☑ **$5.00** May Be Added to Fees

400041949534

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>KELLEY, GERALD R<br>8430 CHUMUCKLA HWY.<br>PACE, FL 32571 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>Kelley Gerald R<br>9192 Chumuckla Hwy<br>Pace Fl. 32571 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>HOLLEY, DALE<br>8430 CHUMUCKLA HWY.<br>PACE, FL 32571 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V.P.<br>Kelley Gerald R.<br>9192 Chumuckla Hwy<br>Pace. Fl, 3257 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Kelley, Gerald R (S)<br>9192 chumuckla Hwy<br>Pace Fl. 32571 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Kelley Gerald R<br>9192 chumuckla Hwy<br>PACE Fl. 32571 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Kelley Gerald R. (T)<br>9192 chumuckla Hwy<br>Pace Fl. 32571 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>Kelley Gerald R.<br>9192 Chumuckla Hwy<br>Pace Fl. 32571 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | B.M<br>Kelley Gerald R<br>9192 chumuckla Hwy<br>Pace Fl, 32571 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | B.M<br>Kelley Gerald R.<br>9192 Chumuckla Hwy<br>Pace Fl, 32571 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Ch. B<br>Kelley Gerald R.<br>9192 Chumuckla Hwy<br>Pace Fl, 32571 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Ch. B<br>Kelley Gerald R.<br>9192 Chumuckla Hwy<br>Pace Fl. 32571 | ☐ 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:** Gerald R. Kelley — Gerald R. Kelley — 8/16/04 — 850-417-3110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #