


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000123322 1. Entity Name KELLEY MASONRY, INC.	
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Principal Place of Business 9192 CHUMUCKLA HWY. PACE, FL 32571	Mailing Address 9192 CHUMUCKLA HWY. PACE, FL 32571
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DO NOT WRITE IN THIS SPACE

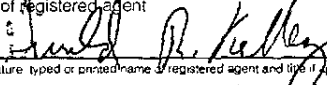


08132005 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0508458	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KELLEY, GERALD R 9192 CHUMUCKLA HWY. PACE, FL 32571	DO NOT WRITE IN THIS SPACE
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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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVPS KELLEY, GERALD R 9192 CHUMUCKLA PACE, FL 32571
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TBMC KELLEY, GERALD R 9192 CHUMUCKLA PACE, FL 32571
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000378256
09/13/05-80002-009 550.00

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:  CLASS: _____ DAYTIME PHONE #: _____