2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 08:00 AN Secretary of State

DOCUMENT # P03000130304						_		ecreta	ry of State
1. Entity Name				1	100				
KELLY SIEG, INC.			-	-	5				
			 		OR ALLES	}			
Principal Plac		• • •	Malling Address						
1651 W. GUL Lecanto, Fl	F TO LAKE HWY.		1651 W. GULF TO LAKE HWY. Lecanto, Fl. 34461			}			-
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D	O NOT	WRITE	IN THIS	SPAC	E	4. FEI Numb	per ====	-,	Applied For
•						20-024			Not Applicable
						5. Certificate	e of Status Desired		3.75 Additional e Required
	6. Name and A	ddress of Current Re	gistered Agent	<u> </u>) The section of the			
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			he purpose of changing i	its registere	d office or register	ed agent, or be	oth, in the State of I	lorida. I am far	niliar with, and accept
me obligat	ions of registered a	gent.			•				
SIGNATURE_	Sumature, typed or printed	d name of registered agent end	filile i applicable. (N	OTE: Registered	Agent signature required	(when renstating)		DATE	
				3	16				
FiL After Ma	E NOW!!! FEE ay 1, 2005 Fee	IS \$150.00 will be \$550.00	9. Election Camp Trust Fund Co			.00 May Be ed to Fees			
10.		OFFICERS AND DI	RECTORS	777				Titler in Spirit	
TITLE	P\$						in yet yangiyayay		
NAME	SIEG, KELLY J					· · · · · · · · · · ·		d 49disəpeti	
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NAME	SIEG, KARL					in increasing a species;	***************************************	5-80002-0	120 150.00
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NAME STREET ADDRESS	j							**********	* * * * * * * * * * * * * * * * * * * *
CITY-ST-ZIP							·		
12. Thereby of	certify that the information on this report or su	กล้ได้ก รับpplied พ่าไก้ เป	nis filing does not qualify ue and accurate and tha	for the exen	nption stated in Seure shall have the	ection 119 07(3 same legal effe)(i), Florida Statutes oct as if made unde	further certify	that the information an officer or director
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 of the receiver or trustee empowered to execute this report as required by Chapter 607. Plorida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactiment with an address, with all other like empowered									
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SIGNAT	URE:	NAMINE AND TVERT OF PRI	NYED NAME OF SIGNING OFFIC	N I I	<u> </u>	Hesic	Date Date	David David	1 8168 ima Phone #
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