


2004 FOR PROFIT CORPORATION ANNUAL REPORT

B 182

DOCUMENT # P03000132356		
1. Entity Name KESSELING CONSTRUCTION, INC.		

FILED

04 AUG -6 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6708 36TH AVE. DR. WEST BRADENTON, FL 34209	Mailing Address 6708 36TH AVE. DR. WEST BRADENTON, FL 34209
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07282004 Chg-P CR2E034 (10/03)	
4. FEI Number 20-0386318	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	
GAY, JIM CPA 3984 MANATEE AVE-EAST BRADENTON, FL 34208	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KESSELING, KEITH 6708 36TH AVE. DR. WEST BRADENTON, FL 34209 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200040221722 08/16/04--01071--014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: X Keith Kesseling 7/30/4 (941) 792-8466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PS 292

jim gay, cpa

3984 Manatee Avenue East
Bradenton, FL 34208
jimgaycpa.com

Member American Institute
of Certified Public
Accountants

Phone: (941) 747-0588

Fax: (941) 747-2569

Member Florida Institute
of Certified Public
Accountants

July 28, 2004

Department of State
PO Box 6327
Tallahassee, FL 32314

RE: Kesselring Construction, Inc
DOC: P03000132356

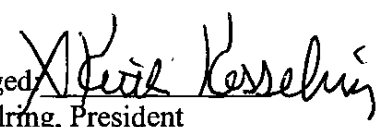
To whom it may concern,

This letter is to explain the taxpayer's position in this situation, they just received a notice to dissolve their corporation. The taxpayer just formed his corporation at the end of 2003, and did not know what to expect in the area of filing and fees. I know that historically, you send out the first notice in January, and a notice of delinquency if it has not been received by May 1st, but they do not remember seeing any of that at this point. I know you also changed the format in which the forms were sent out this year, and it seems that quite a few people did not realize that the card was the replacement of the normal UBR form.

Please consider the abatement of the reinstatement fee and accept the payment of \$150.
Thank you for your assistance in this matter.

Sincerely,


Jim Gay, CPA

Acknowledged 
Keith Kesselring, President