


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

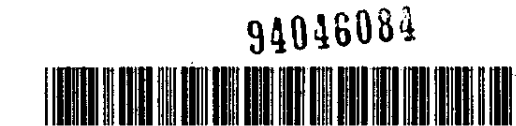
FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90013 017 ***150.00

DOCUMENT # P03000154228	
1. Entity Name KELLEY HADDEN, INC.	

Principal Place of Business 15739 IONA LAKES DRIVE #30 FORT MYERS, FL 33908	Mailing Address 15739 IONA LAKES DRIVE #30 FORT MYERS, FL 33908
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2. Principal Place of Business 15739 Iona Lakes Dr. Suite, Apt., etc. #30 City & State Ft. Myers, FL. Zip 33908 Country U.S.A.	3. Mailing Address 15739 Iona Lakes Dr. Suite, Apt., etc. #30 City & State Ft. Myers, FL. Zip 33908 Country U.S.A.
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03132004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3774780	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HADDEN, KELLEY 15739 IONA LAKES DRIVE #30 FORT MYERS, FL 33908	
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 *Kelley J. Hadden* **4/3/04**
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**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HADDEN, KELLEY 15739 IONA LAKES DRIVE #30 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HADDEN, KELLEY 15739 IONA LAKES DRIVE #30 FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Kelley J. Hadden* **4/3/04** **239-770-3664**
Signature and typed or printed name of signing officer or director Date Daytime Phone #