2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2005 8:00 am Secretary of State

	DOCUMENT # P04000013738				04-06-2005 90123 038 ***150.00			
KELLY M	ARINE SURVEYORS, INC.							
Principal Place		Mailing Address	WAY # 100				-	
3882 SW COQUINA COVE WAY, # 103 PALM CITY, FL 34990 3882 SW COQUINA COVE PALM CITY, FL 34990			WAY, # 103			500341	150	
2. Principal P	lace of Business	3. Mailing Address						
	Marina Des Dr Walt	hy Drw	<u>J</u>	II BBUK BIBII BBIU 18III BB	'III Taini iinan 111 11 ibsak 1111	II		
8 10	3	Suite, Apt. #, etc. # / 0_3		01192005	Chg-P	CR2E034 (10/0	3)	
City & State	indudale FL	City & State	ale R	4. FEI Numb	er 063337	4	Applied For Not Applicable	
. 3.331	Country	333/L	Country .		of Status Desired		Additional	
<u> </u>	6. Name and Address of Current F	Registered Agent		7. Name and	d Address of New I	· · · · · · · · · · · · · · · · · · ·	med	
KELLY, BU		Name	elly, But	it bro				
	COQUINA COVE WAY, # 103 Y, FL 34990	Street Add	ress (P.O. Box Numb	er ig Not Acceptabl	West # 103	?		
	·					· ,		
				Lauderdal		FL Zy	1312	
	named entity submits this statement for ions of registered agent.	the purpose of changing its req					,	
SIGNATURE SURVEY OF ONE STATE OF STATE								
	Signature, typed or printed name of registered agent a	no trie if applicable. (NOTE: N	egistered Agent signature	required when reinstating)		*DATE		
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0			\$5.00 May Be Added to Fees				
10.	OFFICERS AND I	DIRECTORS Delete	11.	PST		FICERS AND DIRECTI Change	ne 🗆 Addition	
NAME	KELLY, BUFORD J		NAME	40/17,34	ford I	y Dr. West #	103	
STREET ADDRESS CITY-ST-ZIP	3882-SW COQUINA COVE WAY; PALM CITY, FL 34990		STREET ADORESS CITY-ST-ZIP	FT. Land	erina un	FL 333/1	<u>.</u>	
TITLE NAME	VAE ALINAM 1022		TITLE	· ·		☐ Chang		
STREET ADDRESS	FT. Laudardale,	7L. 33312	NAME STREET ADDRESS					
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP TITLE			☐ Chang	je 🗌 Addition	
NAME	-	C pigens	NAME		-	C Creating	je 🗀 Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE	,	☐ Delete	TITLE	,	·	☐ Chang	ge Addition	
NAME STREET ADDRESS			NAME . STREET ADDRESS					
CITY-ST-ZIP TITLE		Поли	CITY-ST-ZIP				- F3 6480	
NAME		☐ Delete	TITLE NAME			☐ Chang	ge 🗋 Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TIRE		☐ Delete	TITLE			Chang	ge Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	•				
CITY-ST-ZIP	portify that the information assemble a suite	this files does not small for the	CITY-ST-ZIP	lin Carling 140 parts	7) First 0: 1	II also a service at		
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that my : wered to execute this report as	sionatura shall have	e the same legal efte	ct as it made ≀inder.	oath: that I am an offic	cer or director	
changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date								