


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000017882</b>	
1. Entity Name <b>J &amp; K KELEMEN ASSOCIATES, INC.</b>	

Principal Place of Business <b>45 WOODLYN LN PALM COAST, FL 32164 US</b>	Mailing Address <b>45 WOODLYN LN PALM COAST, FL 32164 US</b>
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**DO NOT WRITE IN THIS SPACE**

03232008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>73-1726065</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SAVY, BENJAMIN  
25 PINE CONE DR STE 2A  
PALM COAST, FL 32164**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>1000000905356 05/01/08-80049-022 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KELEMEN, KATHLEEN E 45 WOODLYN LN PALM COAST, FL 32164</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V KELEMEN, JOSEPH A 45 WOODLYN LN PALM COAST, FL 32164</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Kathleen Kelemen***  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/08** (386)  
Date Daytime Phone # **447-5276**