


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90399 027 ***150.00

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| DOCUMENT # P93000020740 | |  |
| 1. Entity Name KELLAN KEITH CLEMONS CORPORATION | | |

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|---|---|
| Principal Place of Business 3029 GOLF CREST LN WOODSTOCK, GA 30189 US | Mailing Address 3029 GOLF CREST LN WOODSTOCK, GA 30189 US |
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|---|---|
| 2. Principal Place of Business 720 Hawks Ridge Dr | 3. Mailing Address 720 Hawks Ridge Rd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



01202004 Chg-P CR2E034 (10/03)

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|--|--|------------------------------------|--|
| City & State Ball Ground, GA | City & State Ball Ground, GA | 4. FEI Number 59-3255158 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 30107 | Country USA | Zip 30107 | Country USA |

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|--|--|---|--|
| 6. Name and Address of Current Registered Agent GUIDA, FRANK J 500 N MAITLAND AVE STE 215 MAITLAND, FL 32751 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|--|--|---|--|

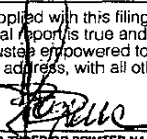
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SAGARRA, JORGE 3029 GOLF CREST LANE WOODSTOCK, GA 30189 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SAGARRA, JORGE 720 Hawks Ridge Dr BALL GROUND, GA 30107 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 | <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:  **3/1/04** **770 888 9932**

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