

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000021335

1. Entity Name
KILIAN MANAGEMENT INCORPORATED



Principal Place of Business
3744 SE FAIRWAY EAST
STUART, FL 34997

Mailing Address
3744 SE FAIRWAY EAST
STUART, FL 34997

FILED

04 OCT -7, AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08302004 No Chg-P CR2E034 (10/03)

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4. FEI Number
52-2033838

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KILIAN, FRANK J
3744 SE FAIRWAY EAST
STUART, FL 34997

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KILIAN, FRANK J
STREET ADDRESS	3744 SE FAIRWAY E
CITY-ST-ZIP	STUART, FL 34997
TITLE	VD
NAME	KILIAN, DEBBIE B
STREET ADDRESS	3744 SE FAIRWAY E
CITY-ST-ZIP	STUART, FL 34997
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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10/06/04--01012--015 **558.75

**DO NOT WRITE
IN THIS SPACE**

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:

Frank J. Kilian Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-15-04

Date

772-349-7361

Daytime Phone #