

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000021335
 1. Entity Name
 KILIAN MANAGEMENT INCORPORATED



FILED
 04 OCT -7, AM 9:50
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

DO NOT WRITE IN THIS SPACE

08302004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 52-2033838 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 FAIRWAT EAST
 STUART, FL 34997

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD KILIAN, FRANK J 3744 SE FAIRWAT E STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KILIAN, DEBBIE B 3744 SE FAIRWAT E STUART, FL 34997
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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: Frank J Kilian Jr 9-15-04 772-349-7361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #