


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Sep 11, 2008 08:00 AM
Secretary of State**

DOCUMENT # P97000021335 1. Entity Name KILIAN MANAGEMENT INCORPORATED	
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Principal Place of Business 3744 SOUTHEAST FAIRWAY EAST STUART, FL 34997 US	Mailing Address 3744 SOUTHEAST FAIRWAY EAST STUART, FL 34997 US
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DO NOT WRITE IN THIS SPACE



07222008 No Chg-P CR2E034 (11/05)

4. FEI Number 52-2033838	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KILIAN, FRANK J
3744 SOUTHEAST 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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 SOUTHEAST FAIRWAY EAST STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KILIAN, DEBBIE B 3744 SOUTHEAST FAIRWAY EAST STUART, FL 34997
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09/11/08-80001-010 550.00

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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: Frank J Kilian **8-1-08** **772-221-8209**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #