

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000035533

1. Entity Name
KELCO INVESTMENTS, INC.



Principal Place of Business
**131-B BUSINESS CENTER DRIVE
SUITE 11
ORMOND BEACH, FL 32174 US**

Mailing Address
**P.O. BOX 1626
ORMOND BEACH, FL 32175 US**

DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3444638

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BLEDSON, JAMES RONNIE
131-B BUSINESS CENTER DRIVE
SUITE 11
ORMOND BEACH, FL 32174**

**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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME BLEDSON, RONNIE
STREET ADDRESS 131-B BUSINESS CENTER DR., SUITE 11
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D
NAME BLEDSON, DENEAH
STREET ADDRESS 131-B BUSINESS CENTER DR., SUITE 11
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE D
NAME ALTHOUSE, KELLI B
STREET ADDRESS 131-B BUSINESS CENTER DR., SUITE 11
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000131234
04/26/04-80147-004 150.00

**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:

JAMES RONNIE BLEDSON

4-21-04

386-676-1501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #