## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** 

## Feb 09, 2004 8:00 am **Secretary of State** DOCUMENT # P98000024561 1. Entity Name 02-09-2004 90027 039 \*\*\*150.00 DON KELLY PLASTERING, INC. Mailing Address Principal Place of Business 7141 PINNACLE DR 7141 PINNACLE DR FORT MYERS FL 33907 FORT MYERS FL 33907 2. Principal Place of Business 3. Mailing Address 16460 TIMBERLAKES 16460 TIMBERLAKIES Suite Apt. #, etc. Suite Apt. #, etc. MOORE CR2E034 (11/03) 201 201 City & State 4. FEI Number Applied For City & State 59-3492290 TMUGRS Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 33408 3390 B 11.5 A Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KAYUSA, MICHAEL F Street Address (P.O. Box Number is Not Acceptable) 1922 VICTORIA AVE. STE. A FT. MYERS FL 33901 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 # \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE SDVT TITLE Change · 🔲 Addition Delete 16460 TIMBERLAKES DR NAME KELLY, DON NAME # 201 STREET ADDRESS STREET ADDRESS 7141 PINNACLE DR D22 CITY-ST-7IP FORT MYERS FL 33907 CITY-ST-7IP **Change** TITLE ☐ Delete TITLE Addition MBERIAKES DR # 201 KELLY, DON NAME NAME 7141 PINNACLE DR D22 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33907 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED