2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90234 033 ***150.00

DOCUMENT # P99000015795

1. Entity Name

KELLAND ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1250 TENNIS PLACE CT. SANIBEL FL 33957	607 NORTHAVN CIR. GLENSHAW PA 15116

14000310

1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
2321 West Gulf Drive			
Suite, Apt. #, etc.: Unit # 2B		Suite, Apt. #, etc.	
City & State: Sanibel, Florida		City & State	
Zip: 33957	Country: USA	Zip	Country

4. FEI Number: 65-0899504 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DIPARDO, DANIELE R 1250 TENNIS PLACE CT. UNIT C-31 SANIBEL FL 33957	Name: Daniele R. DiPardo Street Address (P.O. Box Number is Not Acceptable): 2321 West Gulf Drive, Unit # 2B City: Sanibel FL Zip Code: 33957

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] DATE: 4-19-05

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
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LANDY, WAYNE		NAME		
STREET ADDRESS	607 NORTHAVEN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	GLENSHAW PA 15116		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KELLY, PAMELA		NAME		
STREET ADDRESS	10570 CREST RD		STREET ADDRESS		
CITY-ST-ZIP	WEXFORD PA 15090-9444		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] WAYNE LANDY 1-25-05 4128740955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #