

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90259 012 \*\*\*150.00

**DOCUMENT # P99000017090**

1. Entity Name  
**KALLINS & LITTLE, P.A.**



Principal Place of Business  
**1910 MANATEE AVE. WEST  
BRADENTON, FL 34205**

Mailing Address  
**1910 MANATEE AVE. WEST  
BRADENTON, FL 34205**

**640J040J**



2. Principal Place of Business  
**433 8th Ave. West**  
Suite, Apt. #, etc.

3. Mailing Address  
**433 8th Ave. W**  
Suite, Apt. #, etc.

04262004 Chg-P CR2E034 (10/03)

City & State  
**Palmetto, FL**  
Zip  
**34221** Country  
**Manatee**

City & State  
**Palmetto, FL**  
Zip  
**34221** Country  
**Manatee**

4. FEI Number  
**65-0896885** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**DELGADO, JAIME L III  
1910 MANATEE AVE. WEST  
BRADENTON, FL 34205**

7. Name and Address of New Registered Agent

Name  
**Melton H Little**  
Street Address (P.O. Box Number is Not Acceptable)  
**433 8th Ave. W.**  
City  
**Palmetto** FL Zip Code  
**34221**

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

**4/26/04**

**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	<input type="checkbox"/> Delete
NAME	<b>KALLINS, SCOTT B</b>	
STREET ADDRESS	<b>1910 MANATEE AVE. WEST</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34205</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>LITTLE, MELTON H</b>	
STREET ADDRESS	<b>1910 MANATEE AVE. W</b>	
CITY-ST-ZIP	<b>BRADENTON, FL 34205</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/26/04**