


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90083 006 ***150.00

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| DOCUMENT # P99000038097 |  |
| 1. Entity Name KELLY'S PLACE OF SOUTHWEST FLORIDA, INC. | |

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| Principal Place of Business 24901 SANDHILL BLVD #12 PUNTA GORDA, FL 33983 | Mailing Address 24901 SANDHILL BLVD #12 PUNTA GORDA, FL 33983 |
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01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0913115 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|---|-----------------------------------|
| 6. Name and Address of Current Registered Agent PLUMMER, KELLY 1106 BOUNDS ST PORT CHARLOTTE, FL 33952 | 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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PLUMMER, KELLY 24901 SANDHILL BLVD # 12 PUNTA GORDA, FL 339835207 |
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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: Kelly Plummer Kelly Plummer PRES 3/10/05 941-764-0640
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #