2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90308 037 ***150.00

DOCUMENT # S06840

1. Entity Name
KELLOGG PROPERTIES, INC.

Principal Place of Business	Mailing Address
1555 HOWELL BRANCH RD STE C-208 WINTER PARK, FL 32789 US	1555 HOWELL BRANCH RD STE C-208 WINTER PARK, FL 32789 US

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2699 LEE ROAD	P.O. BOX 940157
Suite, Apt. #, etc. SUITE 405	Suite, Apt. #, etc.
City & State WINTER PARK FL	City & State MAITLAND FL
Zip 32789 Country USA	Zip 32794 Country USA

4. FEI Number 59-3045668 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KELLOGG, ROGER W.
1555 HOWELL BRANCH RD
STE C-208
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______________________________ DATE
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, 2004 Fee will be $550.00

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	D ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	KELLOGG, ROGER W.	NAME	
STREET ADDRESS	1555 HOWELL BRANCH RD STE C-208	STREET ADDRESS	1470 PLACE PICARDY
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	P ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	KELLOGG, ROGER W.	NAME	
STREET ADDRESS	1555 HOWELL BRANCH RD STE C-208	STREET ADDRESS	1470 PLACE PICARDY
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	WINTER PARK FL 32789
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] ROGER W KELLOGG 4/27/04 407-644-2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #