


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004, 08:00 AM
Secretary of State

DOCUMENT # 290491
 1. Entity Name
KALMIA COMPANY, INC.



Principal Place of Business
**1895 GULF SHORE BLVD. S.
 NAPLES, FL 34102 US**

Mailing Address
**P.O. BOX 363
 BRADFORD, PA 16701 US**

DO NOT WRITE IN THIS SPACE



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number
25-1155166 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BAER, DAN E
 3777 TAMiami TRAIL NORTH
 SUITE 200
 NAPLES, FL 34103**

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 _____
Signature, typed or printed name of registered agent and title if applicable

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**

UN0000086719
 03/12/04-80034-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEARNEY, BARBARA 123 LAUGHING DOG ROAD PLACERVILLE, CO 81430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KEARNEY, RICHARD P 123 LAUGHING DOG ROAD PLACERVILLE, CO 81430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DENNIS, SUSAN R 18 CORNELIUS LANE BRADFORD, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Susan R. Dennis **03-09-2004** **814-362-9192**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #