


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90072 025 ***150.00

DOCUMENT # F04000001128
 1. Entity Name
 KELSON MANAGEMENT, INC.



Principal Place of Business
 2221 SENS ROAD
 LA PORTE, TX 77571

Mailing Address
 2221 SENS ROAD
 LA PORTE, TX 77571

50008633

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

NO CHANGE



01242005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
 FLORIDA FILING & SEARCH SERVICES, INC.
 1333 N. DUVAL STREET
 TALLAHASSEE, FL 32302

4. FEI Number
 72-1183923

Applied For
 Not Applicable

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

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 NA DATE NA

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PSCD HERZOG, DAVID 5123 PINE STREET, SUITE B PASADENA, TX 77503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Joe Vardell DATE: 1-26-05 DAYTIME PHONE #: (281) 842-9353

FLORIDA