

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
1555 HOWELL BRANCH RD
STE C-208
WINTER PARK, FL 32789 US

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



2. Principal Place of Business
2699 LEE ROAD

3. Mailing Address
P.O. Box 940157

Suite, Apt. #, etc.
SUITE 405

Suite, Apt. #, etc.

04272004 Chg-P CR2E034 (10/03)

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 NAME STREET ADDRESS CITY-ST-ZIP	D KELLOGG, ROGER W. 1555 HOWELL BRANCH RD STE C-208 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1470 PLACE PICARDY WINTER PARK FL 32789
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Roger W Kellogg* **ROGER W KELLOGG** 4/27/04 407-644-2212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #