

Feb 24 05 12:24p

John C. Mitchell.P.A.

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90081 035 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

50021416



DOCUMENT # S06840 1. Entity Name KELLOGG PROPERTIES, INC.			
Principal Place of Business 2699 LEE ROAD- SUITE 406 WINTER PARK, FL 32789 -- US		Mailing Address P.O. BOX 940157 WINTER PARK, FL 32789 -- US	
2. Principal Place of Business 3947 Boulevard Center Dr.		3. Mailing Address 3947 Boulevard Center Dr.	
Suite, Apt. #, etc. Suite 5		Suite, Apt. #, etc. Suite 5	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32207		Country US	
4. FEI Number 59-3045668		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLOGG, ROGER W. 1655 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: <i>Roger W. Kellogg</i> Roger W. Kellogg, President 2/24/2005 <small>(NOTE: Registered Agent signature required when re-registering)</small>	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLOGG, ROGER W. 1470 PLACE PICARROY NEW ADDRESS WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3947 Boulevard Center Dr., Ste. 5 Jacksonville, FL 32207
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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: <i>Roger W. Kellogg</i>		Roger W. Kellogg 2/24/2005 904.396.9092	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	