2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 105832

1. Entity Name KELLY TRACTOR CO



FILED Jan 18, 2005 08:00 AM **Secretary of State**

Principal Place of Business_

8255 N.W.58TH ST. BOX 520775 MIAMI, FL 33152

Mailing Address

8255 N.W.58TH ST. BOX 520775 MIAMI, FL 33152

01122005

No Chg-P

CR2E034 (10/03)

4. FEI Number

59-0197630

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, NICHOLAS D. 8255 N.W. 58TH STREET MIAMI, FL 33166 __

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				,,,,	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD KELLY, NICHOLAS D. 8255 NW 58 STREET MIAMI, FL			· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, MARJORIE 235 E ARCADE CLEWISTON, FL	-			000000184070 01/20/05-80016-602 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, ROBERT W 136 W CIRCLE DIRVE CLEWISTON, FL			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KELLY, LOYD G 11095 S W 53 AVE MIAMI, FL			IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLY, PATRICK L 2200 N GREENWAY DRIVE CORAL GABLES FI				

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 charged, or on an attacting on the receiver or trustee empowered.

JULIAN, K. DAVID 5421 SW 39 WAY

FT LAUDERDALE, FL

TITLE NAME

STREET ADDRESS

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

1113/2005