


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 105832 1. Entity Name KELLY TRACTOR CO	
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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
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01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0197630	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> CR	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLY, ROBERT W 136 W CIRCLE DRIVE CLEWISTON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD KELLY, LOYD G 11095 S.W 53 AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KELLY, PATRICK L 2200 N GREENWAY DRIVE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JULIAN, K. DAVID 5421 SW 39 WAY FT LAUDERDALE, FL

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01/19/06-80001-012 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 powers.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/2006 (305) 592-5360
Date Daytime Phone #