


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000130407
 1. Entity Name
 TOM KELLY, INC.



Principal Place of Business 6700 S. FLORIDA AVENUE SUITE 28 LAKELAND, FL 33813-3312 US	Mailing Address 6700 S. FLORIDA AVENUE SUITE 28 LAKELAND, FL 33813-3312 US
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01102007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1629124	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CLARKE, FRANK D
 6700 S. FLORIDA AVENUE
 SUITE 28
 LAKELAND, FL 33813-3312

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000596194
 01/23/07-80069-019 159.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLY, THOMAS H JR P. O. BOX 7050 SPANISH FORT, AL 365777050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARKE, FRANK D 6700 S. FLORIDA AVENUE, SUITE 28 LAKELAND, FL 338133312
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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 of the like empowered.

SIGNATURE:  FRANK DAVID CLARKE 1-18-07 863 6472134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #