

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000017427

FILED
Apr 24, 2008
Secretary of State

Entity Name: KELLY ANN LONGLINERS, INC.

Current Principal Place of Business:

22 NORTH CAUSEWAY DR.
FORT PIERCE, FL 34946

New Principal Place of Business:

1054 PULITZER ROAD
FORT PIERCE, FL 34945

Current Mailing Address:

PO BOX 193
FORT PIERCE, FL 34954

New Mailing Address:

FEI Number: 83-0447365 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YATES, E CLAYTON ESQ
311 SOUTH SECOND STREET
SUITE 102
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLANKENBAKER, NEWELL
Address: PO BOX 193
City-St-Zip: FORT PIERCE, FL 34954

Title: VPST () Delete
Name: BLANKENBAKER, CAROL
Address: PO BOX 193
City-St-Zip: FORT PIERCE, FL 34954

Title: D () Delete
Name: BLANKENBAKER, CAROL
Address: PO BOX 193
City-St-Zip: FORT PIERCE, FL 34954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL BLANKENBAKER

VPST

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date