


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90038 050 \*\*\*150.00

**DOCUMENT # P98000062086**

1. Entity Name  
**CHARLES M. KELLY, JR., P.A.**



Principal Place of Business  
**2640 GOLDEN GATE PARKWAY SUITE 305  
 NAPLES, FL 34105**

Mailing Address  
**2640 GOLDEN GATE PARKWAY SUITE 305  
 NAPLES, FL 34105**

2. Principal Place of Business  
**c/o Kelly, Passidomo, Alba & Cassner, LLP  
 2390 Tamiami Trail North  
 Suite 204  
 Naples, FL 34103**

3. Mailing Address  
**c/o Kelly, Passidomo, Alba & Cassner, LLP  
 2390 Tamiami Trail North  
 Suite 204  
 Naples, FL 34103**



01102006 Chg-P CR2E034 (11/05)

Zip Country Zip Country

4. FEI Number  
**59-3531903**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>KELLY, CHARLES M JR.                      2640 GOLDEN GATE PARKWAY SUITE 315                      NAPLES, FL 34105</b>		Name <b>Kelly, Charles M Jr.</b> Street Address <b>Kelly, Passidomo, Alba &amp; Cassner, LLP</b> <b>2390 Tamiami Trail North</b> <b>Suite 204</b> City <b>Naples, FL 34103</b> Zip Code <b>FL</b>	

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: Charles M Kelly Jr, Attorney 10 January 2006

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$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	<b>D</b> <b>KELLY, CHARLES M JR.</b> <b>2640 GOLDEN GATE PARKWAY SUITE 315</b> <b>NAPLES, FL 34105</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Same Title</b> <b>Same Name</b> <b>c/o Kelly, Passidomo, Alba &amp; Cassner, LLP</b> <b>2390 Tamiami Trail North</b> <b>Suite 204</b> <b>Naples, FL 34103</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attached list of officers or directors or like empowered.

SIGNATURE: *Charles M Kelly Jr* **Charles M Kelly Jr** 10 January 2006 239 261 3453

E OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #