

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000077068

Entity Name: KELLIS KIOSK COMPANY**Current Principal Place of Business:**505 SUNBELT ROAD
SUITE 8
THE VILLAGES, FL 32159**Current Mailing Address:**505 SUNBELT ROAD
SUITE 8
THE VILLAGES, FL 32159 US**FEI Number:** 37-1747876**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CRAWFORD, BENNY P JR
505 SUNBELT ROAD
SUITE 8
THE VILLAGES, FL 32159 US*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**Officer/Director Detail :**

Title	CEO
Name	CRAWFORD, BENNY P JR.
Address	505 SUNBELT ROAD
City-State-Zip:	THE VILLAGES FL 32159

Title	TRES
Name	BELFORD, ELIZABETH A
Address	2525 SMITTY ROAD
City-State-Zip:	WEIRSDALE, FL 32195

Title	SEC
Name	CAHOON, GORDON W JR.
Address	6100 HARBOUR OVERLOOK
City-State-Zip:	ALPHARETTA GA 30005

Title	COO
Name	BELFORD, STEVEN A
Address	2525 SMITTY ROAD
City-State-Zip:	WEIRSDALE FL 32195

Title	VP
Name	DENICOLA, ANTHONY
Address	1080 BICHARD BLVD, SUITE 241
City-State-Zip:	THE VILLAGES FL 32159

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH A. BELFORD**TREASURER****04/30/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date