

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000062086

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

**Current Principal Place of Business:**

KELLY, PASSIDOMO & KELLY, LLP  
2390 TAMIAMI TRAIL NORTH, #204  
NAPLES, FL 34103

**Current Mailing Address:**

KELLY, PASSIDOMO & KELLY, LLP  
2390 TAMIAMI TRAIL NORTH, #204  
NAPLES, FL 34103 US

**FEI Number:** 59-3531903

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KELLY, CHARLES MJR.  
2390 TAMIAMI TRAIL NORTH  
SUITE 204  
NAPLES, FL 34103 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            PRESIDENT, SECRETARY,  
                  TREASURER, DIRECTOR  
Name            KELLY, CHARLES MJR.  
Address        2390 TAMIAMI TRAIL NORTH STE. 204  
City-State-Zip: NAPLES FL 34103

Title            DIRECTOR/MANAGER  
Name            KELLY, KYLE B  
Address        KELLY, PASSIDOMO & KELLY, LLP  
                  2390 TAMIAMI TRAIL NORTH, #204  
City-State-Zip: NAPLES FL 34103

*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:** CHARLES M. KELLY, JR.

**PRESIDENT**

**02/27/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date