

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 105832

1. Entity Name
KELLY TRACTOR CO



Principal Place of Business

**8255 N.W. 58TH ST.
BOX 520775
MIAMI, FL 33152**

Mailing Address

**8255 N.W. 58TH ST.
BOX 520775
MIAMI, FL 33152**

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0197630

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KELLY, NICHOLAS D.
8255 N.W. 58TH STREET
MIAMI, FL 33166**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	SVD
NAME	KELLY, NICHOLAS D.
STREET ADDRESS	8255 NW 58 STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	KELLY, MARJORIE
STREET ADDRESS	235 E ARCADE
CITY-ST-ZIP	CLEWISTON, FL
TITLE	T
NAME	DUNCAN, BRIDGET
STREET ADDRESS	1432 ALGERIA AVE
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	CD
NAME	KELLY, LOYD G
STREET ADDRESS	11095 S W 53 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	PD
NAME	KELLY, PATRICK L
STREET ADDRESS	2200 N GREENWAY DRIVE
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	V
NAME	JULIAN, K. DAVID
STREET ADDRESS	5421 SW 39 WAY
CITY-ST-ZIP	FT LAUDERDALE, FL

U00000781507
01/15/08-80037-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nicholas D. Kelly 1/58/08 305-592-5350