


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 328758</b>	
1. Entity Name <b>KELLY SHEET METAL, INC.</b>	

Principal Place of Business <b>P O BOX 6067 4711 CAPITAL CIRCLE SW. TALLAHASSEE, FL 32310-7568</b>	Mailing Address <b>P O BOX 6067 4711 CAPITAL CIRCLE SW. TALLAHASSEE, FL 32310-7568</b>
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01102005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1208669</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>KELLY, M D 4711 CAPITAL CIRCLE SW TALLAHASSEE, FL 32301</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POPPELL, WANDA K 2017 BEAVER CREEK DRIVE HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, LENA M 3200 BEN BOSTICK ROAD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OVERSTREET, DIANE K 517 MEADOW RIDGE CT TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KELLY, TAYLOR M 3200 BEN BOSTICK ROAD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLY, M D 3200 BEN BOSTICK ROAD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Taylor M. Kelly* *1/11/05* *850-878-1101*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #