2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 328758

City-St-Zip: QUINCY, FL 32351

Entity Name: KELLY SHEET METAL, INC.

FILED Jan 11, 2007 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
	ITAL CIRCLES SSEE, FL 323				
Current Mailing Address:			New Mailing Address:		
P O BOX 6	6067 SSEE, FL 323	14			
FEI Number	: 59-1208669	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
	D ITAL CIRCLE S SSEE, FL 323				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, or both
SIGNATU	RE:				
	Electron	nic Signature of Registered Age	ent		Date
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	POPPELL, WA	CREEK DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	SD (KELLY, LENA I 3200 BEN BOS QUINCY, FL 3	STICK ROAD	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	VD (OVERSTREET 517 MEADOW TALLAHASSEE	RIDGE CT	Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	TD (KELLY, TAYLO 3200 BEN BOS QUINCY, FL 3	STICK ROAD	Title: Name: Address: City-St-Zip:	THOMSEN , 789 EAGLE	(X) Change ()Addition TAYLOR K, VIEW DRIVE EE, FL 32311
Title: Name: Address:	PD (KELLY, M D, 3200 BEN BOS) Delete	Title: Name: Address:		() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DIANE K OVERSTREET VD 01/11/2007