

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 328758

FILED
Mar 23, 2009
Secretary of State

Entity Name: KELLY SHEET METAL, INC.

Current Principal Place of Business:

4711 CAPITAL CIRCLE SW
TALLAHASSEE, FL 32305

New Principal Place of Business:

Current Mailing Address:

P O BOX 6067
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 59-1208669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, M D
4711 CAPITAL CIRCLE SW
TALLAHASSEE, FL 32305 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: POPPELL, WANDA K
Address: 2017 BEAVER CREEK DRIVE
City-St-Zip: HAVANA, FL 32333

Title: SD () Delete
Name: KELLY, LENA M,
Address: 3200 BEN BOSTICK ROAD
City-St-Zip: QUINCY, FL 32351

Title: VD () Delete
Name: OVERSTREET, DIANE K,
Address: 517 MEADOW RIDGE CT
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD () Delete
Name: THOMSEN, TAYLOR K,
Address: 789 EAGLE VIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: PD () Delete
Name: KELLY, M D,
Address: 3200 BEN BOSTICK ROAD
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: DIANE K OVERSTREET

VD

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date