

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # 421237

1. Entity Name
KELLY'S PIANO & ORGAN, INC.



Principal Place of Business
**1716 UNIVERSITY BLVD NORTH
JACKSONVILLE, FL 32211**

Mailing Address
**1716 UNIVERSITY BLVD NORTH
JACKSONVILLE, FL 32211**



01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1468209	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KELLY, ROBERT EARL
3920 ALLENBY LANE
JACKSONVILLE, FL 32211**

**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

U00000781236
01/15/08-R0026-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLY, ROBERT E 3920 ALLENBY LN JACKSONVILLE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KELLY, PEGGY A. 3920 ALLENBY LANE JACKSONVILLE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLY, ROBERT E JR 101 HORSETAIL RD MIDDLEBURG, FL 32050
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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: _____

Robert E. Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-08
Date

(904) 743-3822
Daytime Phone #