

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 538802

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: TOM KELLEY ASSOCIATES, INC.

## Current Principal Place of Business:

5740 HARBORAGE DR.  
FT. MYERS, FL 33908

## New Principal Place of Business:

## Current Mailing Address:

5740 HARBORAGE DR.  
FT. MYERS, FL 33908

## New Mailing Address:

FEI Number: 59-1755219

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KELLEY, DEANNIS A.  
5740 HARBORAGE DR.  
FT. MYERS, FL 33908 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: P D ( ) Delete  
Name: KELLEY, THOMAS E  
Address: 5740 HARBORAGE, DR.  
City-St-Zip: FT. MYERS, FL

Title: S D ( ) Delete  
Name: KELLEY, DEANNIS A  
Address: 5740 HARBORAGE DR.  
City-St-Zip: FT MYERS, FL

Title: VD ( ) Delete  
Name: MAULLER, ANNE  
Address: 3115 HARTNEH AVE  
City-St-Zip: TAMPA, FL 33611

Title: TD ( ) Delete  
Name: PHILIP, JOHNNIE  
Address: 10161 PINE RUN LANE  
City-St-Zip: FORT MYERS, FL 33912

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change ( ) Addition  
Name: KELLEY, THOMAS E  
Address: 5740 HARBORAGE, DR.  
City-St-Zip: FT. MYERS, FL 33908

Title: S D (X) Change ( ) Addition  
Name: KELLEY, DEANNIS A  
Address: 5740 HARBORAGE DR.  
City-St-Zip: FT MYERS, FL 33908

Title: VD (X) Change ( ) Addition  
Name: MAULLER, ANNE  
Address: 13440 SILVERCREEK DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: TD (X) Change ( ) Addition  
Name: PHILIP, JOHNNIE  
Address: 9804 SPRINGLAKE CIRCLE  
City-St-Zip: ESTERO, FL 33928

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.

SIGNATURE: THOMAS E KELLEY

PRES

04/20/2006

Electronic Signature of Signing Officer or Director

Date