2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # 548088

1. Entity Name

J. CRAIG KELLY, D.D.S., P.A.



FILED Feb 08, 2007 08:00 AN Secretary of State

Principal Place of Business

3675 HENDRICKS AVE JACKSONVILLE, FL 32207 Mailing Address

3675 HENDRICKS AVE JACKSONVILLE, FL 32207



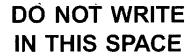
DO NOT WRITE IN THIS SPACE

01102007 No Chq-P CR2E034 (11/05) Applied For 4. FEI Number Not Applicable 59-1765238

\$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

KELLY, J. CRAIG 3675 HENDRICKS AVE JACKSONVILLE, FL 32207



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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

		(
10.	OFFICERS AND DIREC	OTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLY, J. CRAIG 3675 HENDRICKS AVE JACKSONVILLE, FL 32207	,
TITLE NAME STREET ADDRESS CITY-SI-ZIP	ST KELLY, J. CRAIG 3675 HENDRICKS AVE JACKSONVILLE, FL 32207	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		

U00000627350 02/15/07-80058-005 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 ad

SIGNATURE

City-St-7iP

TED NAME OF SIGNING OFFICER OR DIRECTOR