

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

2007 SEP 24 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2nd MOORE CR2E034 (4/07)

DOCUMENT # 622190					
1. Entity Name KELLEY & SONS, INC.					
Principal Place of Business 1353 EAUGALLIE BLVD. SAA MELBOURNE FL 32935 US			Mailing Address 1353 EAUGALLIE BLVD. SAA MELBOURNE FL 32935 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1979262	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLEY, DONALD T 2793 RHIEMS AVE. SAA MELBOURNE FL 32935			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 <u>Donald T. Kelley</u> President 8/20/07 <small>(Signature, typed or printed name of registered agent and is not applicable) (NOTE: Registered Agent signature required when revisiting) DATE</small>					
FILE NOW!!! - FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLEY, DONALD T 2793 RHIEMS AVE. MELBOURNE FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLEY, CAMERON W 4620 CITRUS BLVD. CANAVARAL GROVES FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	400109773914 09/21/07--01069--002 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KELLEY, CHRISTOPHER L 1353 EAU GALLIE BLVD. MELBOURNE FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Donald T. Kelley</u> DONALD T. KELLEY 9/17/07 321-254-8112 <small>(Signature and typed or printed name of signing officer or director) Date Daytime Phone #</small>					