

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # 648879**

1. Entity Name  
**KELLY SYSTEMS, INC.**

Principal Place of Business 3101 WEST US HIGHWAY 90 SUITE 201 LAKE CITY FL 32055	Mailing Address 3101 WEST US HIGHWAY 90 SUITE 201 LAKE CITY FL 32055
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc

1st MOORE CR2E034 (10/06)

City & State	City & State	4. FEI Number <b>59-1958026</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  STREICHER, WILLIAM J 3101 WEST US HIGHWAY 90 SUITE 201 LAKE CITY FL 32055	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P STREICHER, WILLIAM J <input type="checkbox"/> Delete	TITLE	U00000659305 <input type="checkbox"/> Change <input type="checkbox"/> Addition 03/16/07-80025-001 150.00
NAME	3101 WEST US HIGHWAY 90, SUITE 201	NAME	
STREET ADDRESS	LAKE CITY FL 32055	STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREICHER, JOSPEHINE R	NAME	
STREET ADDRESS	3101 WEST US HIGHWAY 90, SUITE 201	STREET ADDRESS	
CITY- ST- ZIP	LAKE CITY FL 32055	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [Signature] Date: 3-5-07 Daytime Phone #: 386-755-2475  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR