

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 696820

Entity Name: W. JAMES KELLY, P.A.

FILED
Jan 31, 2005
Secretary of State

Current Principal Place of Business:

C/O W. JAMES KELLY
1525 SOUTH FLORIDA AVENUE, SUITE 2
LAKELAND, FL 33803

New Principal Place of Business:

W. JAMES KELLY
1525 SOUTH FLORIDA AVENUE, SUITE 2
LAKELAND, FL 33803

Current Mailing Address:

C/O W. JAMES KELLY
POST OFFICE BOX 2177
LAKELAND, FL 33806 US

New Mailing Address:

C/O W. JAMES KELLY
POST OFFICE DRAWER 2480
LAKELAND, FL 33806 US

FEI Number: 59-2107435

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, W. JAMES
1525 S.FLORIDA AVE.
LAKELAND, FL 33803 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: DP () Delete
Name: KELLY, W JAMES,
Address: 1525 S FLORIDA AVE #2
City-St-Zip: LAKELAND, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KELLY, W JAMES,
Address: 1525 S FLORIDA AVE #2
City-St-Zip: LAKELAND, FL 33803

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: W. JAMES KELLY

PRES

01/31/2005

Electronic Signature of Signing Officer or Director

_____ Date