

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90067 028 ***150.00

DOCUMENT # F02000002717 1. Entity Name KELLY & ASSOCIATES INSURANCE GROUP, INC.					
Principal Place of Business 301 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030			Mailing Address 301 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-1066374	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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 DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CEOC SENATOR FRANCIS KELLY 1518 APPLE CROFT LANE HUNT VALLEY, MD 21030	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD KELLY, FRANCIS X III 1200 SCOTTS KNOLL COURT LUTHERVILLE, MD 21093	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSCD KELLY, JOHN R 604 CHESTNUT AVE. TOWSON, MD 21204	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD KELLY, DAVID E 11295 MAYS CHAPEL ROAD TIMONIUM, MD 21093	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD KELLY, BRYAN 513 CLUBLANE TOWSON, MD 21218	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MOSIER, DAVID 1518 APPLE CROFT LANE HUNT VALLEY, MD 21030	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	CEO C D _____ _____ _____	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____ _____ _____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD _____ _____ _____	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VSD _____ _____ _____	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	_____ _____ _____	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T _____ _____ _____	☒ Change ☐ 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>David Mosier</u> David Mosier - CEO & Treasurer 2/2/07 410-527-3410 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					