


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F56803	
1. Entity Name KELLY'S FOODS INC.	

Principal Place of Business 650 CARTER RD P. O. BOX 5816 WINTER GARDEN, FL 34787 US	Mailing Address 650 CARTER ROAD POST OFFICE BOX 770187 WINTER GARDEN, FL 34777 US
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DO NOT WRITE IN THIS SPACE



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2147286	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KELLY, KENNETH M.
650 CARTER RD
WINTER GARDEN, FL 34787**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000061071 02/23/04-80065-002 450.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KELLY, KENNETH M., SR. 2905 MIDSUMMER DRIVE WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KELLY, SHARON 2905 MIDSUMMER DR. WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHARP, CHRISTOPHER 15830 OAKLAND COURT CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Kenneth M. Kelly **KENNETH M. KELLY** 2/16/04 407-654-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #