

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 21 AM 10:35

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

**DO NOT WRITE IN THIS SPACE**



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2147286	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

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

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

100049194691  
03/25/05--01052--008 \*\*600.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Kenneth Kelly* KENNETH KELLY 3/8/05 407-654-0500