

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 FEB 14 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

01242006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2147286

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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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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, 2006 Fee will be \$550.00**

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

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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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06

Date

407-654-0500

Daytime Phone #