

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F56803

1. Entity Name  
KELLY'S FOODS INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY -9 AM 9: 57

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



03112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

700129446697  
05/14/08--01015--018 \*\*1450.00

**DO NOT WRITE  
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

Date

Daytime Phone #

4/8/08

407-654-0500

5113