

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # J11375 1. Entity Name KELLEY'S INC., BELL					
Principal Place of Business % TIMMY A. KELLEY HWY 129 N., PO BOX 99 BELL FL 32619			Mailing Address % TIMMY A. KELLEY HWY 129 N., PO BOX 99 BELL FL 32619		
2. Principal Place of Business Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc			
City & State		City & State		4. FEI Number 59-2661159 ☐ Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLEY, TIMMY A. HWY 129 N. PO BOX 99 BELL FL 32619				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 reactivating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			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 - ST - ZIP	DP KELLEY, TIMMY A. CARTER STREET BRANFORD FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLEY, TERESA S. CARTER STREET BRANFORD FL	☐ Delete			
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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.			U000000052930 02/16/04-80109-025 158.75		
SIGNATURE: <u><i>Timmy A. Kelley</i></u> TIMMY A. KELLEY <u>2/1/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					