

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90015 014 ***150.00

DOCUMENT # L79170 1. Entity Name K & S MANUFACTURING, INC.					
Principal Place of Business % JOHN KELLY 10771 HWY 40 EAST INGLIS, FL 34449 US			Mailing Address % JOHN KELLY 10771 HW 40 EAST INGLIS, FL 34449 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip			City & State Zip		
Country			Country		
4. FEI Number 59-3009382			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JOHN W. KELLY SEA SIDE RETREAT #102 8030 FIRST COAST HWY. AMELIA ISLD, FL 32034			7. Name and Address of New Registered Agent Name JOHN W. KELLY Street Address (P.O. Box Number is Not Acceptable) 9093 SW 192ND COURT ROAD DUNNELLON City FL Zip Code 34432		
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, 2006 Fee will be \$550.00		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	D KELLY, JOHN W 8030 FIRST COAST HWY. #102 FERNANDINA BEACH, FL 32034	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	KELLY, JOHN W 9093 SW 192nd Ct Rd. DUNNELLON FL 34432	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHARKEY, JON 11579 OSAGE RD DUNNELLON, FL 34431	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHARKEY, AMY 11579 OSAGE RD DUNNELLON, FL 34431	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLY, MARJORIE 8030 FIRST COAST HWY. #102 FERNANDINA BEACH, FL 32034	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	KELLY, MARJORIE 9093 SW 192nd Ct Rd DUNNELLON FL 34432	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Change ☐ Addition
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: <u><i>Amy Sharkey</i></u> AMY SHARKEY			3.8.06 352-447-3571		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		