2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L79170

1. Entity Name
K & S MANUFACTURING, INC.

Principal Place of Business	Mailing Address
% JOHN KELLY 10771 HWY 40 EAST INGLIS, FL 34449 US	% JOHN KELLY 10771 HW 40 EAST INGLIS, FL 34449 US

01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
9093 SW 192ND COURT ROAD
DUNNELLON, FL 34432

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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 _____ 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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KELLY, JOHN W
STREET ADDRESS	9093 SW 192ND CT ROAD
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	D
NAME	SHARKEY, JON
STREET ADDRESS	11579 OSAGE RD
CITY-ST-ZIP	DUNNELLON, FL 34431
TITLE	D
NAME	SHARKEY, AMY
STREET ADDRESS	11579 OSAGE RD
CITY-ST-ZIP	DUNNELLON, FL 34431
TITLE	D
NAME	KELLY, MARJORIE
STREET ADDRESS	9093 SW 192ND CT ROAD
CITY-ST-ZIP	DUNNELLON, FL 34432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/07/07-80073-002 150.00

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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: Amy Sharkey AMY SHARKEY 2-26-07 352-447-3571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #