

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L79170

Entity Name: K & S MANUFACTURING, INC.

FILED
Mar 04, 2009
Secretary of State

Current Principal Place of Business:

% JOHN KELLY
10771 HWY 40 EAST
INGLIS, FL 34449 US

New Principal Place of Business:

Current Mailing Address:

% JOHN KELLY
10771 HW 40 EAST
INGLIS, FL 34449 US

New Mailing Address:

FEI Number: 59-3009382

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHN W. KELLY
9093 SW 192ND COURT ROAD
DUNNELLON, FL 34432 US

Name and Address of New Registered Agent:

JOHN W. KELLY
11884 NORTH BLUFF COVE PATH
DUNNELLON, FL 34432 US

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.

SIGNATURE:

03/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KELLY, JOHN W,
Address: 11884 B BLUFF COVE PATH
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: D () Delete
Name: SHARKEY, JON
Address: 11579 OSAGE RD
City-St-Zip: DUNNELLON, FL 34431

Title: D () Delete
Name: SHARKEY, AMY
Address: 11579 OSAGE RD
City-St-Zip: DUNNELLON, FL 34431

Title: D () Delete
Name: KELLY, MARJORIE
Address: 11884 N BLUFF COVE PATH
City-St-Zip: CITRUS SPRINGS, FL 34434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY J SHARKEY

D

03/04/2009

Electronic Signature of Signing Officer or Director

Date