

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 23, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000028867	
1. Entity Name KELBY PRESS, INC.	
Principal Place of Business 333 DOUGLAS RD. EAST OLDSMAR, FL 34677	Mailing Address P.O. BOX 1793 OLDSMAR, FL 34677



DO NOT WRITE IN THIS SPACE

04172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3634473	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KELBY, SCOTT
333 E. DOUGLAS RD
OLDSMAR, FL 34677**

**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, 2005 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	KELBY, SCOTT G
STREET ADDRESS	214 HIGHLANDWOODS DR
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	JRVD
NAME	WORKMAN, JAMES J
STREET ADDRESS	3020 ASHLAND TERRACE
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	SD
NAME	KELBY, KALEBRA
STREET ADDRESS	214 HIGHLANDWOODS
CITY-ST-ZIP	SAFETY HARBOR, FL 34695
TITLE	TD
NAME	KENDRA, JEAN A
STREET ADDRESS	3020 ASHLAND TERRACE
CITY-ST-ZIP	CLEARWATER, FL 33761
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/23/05-80033-014 150.00

**DO NOT WRITE
IN THIS SPACE**

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 lines empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JEAN A. KENDRA, TREASURER

150-