

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90294 042 ***158.75

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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

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3634473

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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 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

TITLE PD ☐ Delete
NAME KELBY, SCOTT G
STREET ADDRESS 214 HIGHLANDWOODS DR
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE JRVD ☒ Delete
NAME WORKMAN, JAMES J
STREET ADDRESS 3020 ASHLAND TERRACE
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE SD ☐ Delete
NAME KELBY, KALEBRA
STREET ADDRESS 214 HIGHLANDWOODS
CITY-ST-ZIP SAFETY HARBOR, FL 34695

TITLE TD ☐ Delete
NAME KENDRA, JEAN A
STREET ADDRESS 3020 ASHLAND TERRACE
CITY-ST-ZIP CLEARWATER, FL 33761

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 214 HIGHLAND WOODS DR
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 214 HIGHLAND WOODS DR
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JEAN A. KENDRA

JEAN A. KENDRA

4-3-06

813-433-5011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #