

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000033048

1. Entity Name
KELCRO ENTERPRISES, INC.



Principal Place of Business
**211 NORTH COMMERCE AVENUE
SEBRING, FL 33870**

Mailing Address
**211 NORTH COMMERCE AVENUE
SEBRING, FL 33870**



03292006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3646067

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CROW, LON W IV
211 NORTH COMMERCE AVENUE
SEBRING, FL 33870**

**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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D CROW, LON W 1347 EDGEWATER POINT SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROW, SHERRI 1347 EDGEWATER POINT SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CROW, LON W 1347 EDGEWATER POINT DR SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CROW, SHERRI B 1347 EDGEWATER POINT DR SEBRING, FL 33870
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/19/06 80001-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/29/06