

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000085252

FILED  
Apr 07, 2005  
Secretary of State

Entity Name: KELLEY GP, INC.

**Current Principal Place of Business:**

1201 GEORGE BUSH BLVD.  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

1201 GEORGE BUSH BLVD.  
DELRAY BEACH, FL 33483

**New Mailing Address:**

FEI Number: 65-1039148

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAPIN, ROBERT D  
1201 GEORGE BUSH BLVD.  
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FLYNN, INGRID M  
Address: 72 N. WATER ST.  
City-St-Zip: NEW BEDFORD, MA 02740

Title: D ( ) Delete  
Name: FLYNN, THOMAS K  
Address: 72 N. WATER ST.  
City-St-Zip: NEW BEDFORD, MA 02740

Title: D ( ) Delete  
Name: KELLEY, THOMAS C  
Address: 1221 SE 14TH COURT  
City-St-Zip: DEERFIELD BEACH, FL 33441

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: FLYNN, INGRID M  
Address: 2367 QUEEN PALM ROAD  
City-St-Zip: BOCA RATON, FL 33432

Title: D (X) Change ( ) Addition  
Name: FLYNN, THOMAS K  
Address: 15 HAMMERSMITH ROAD  
City-St-Zip: NEWPORT, RI 02840

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

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

D

04/07/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date