

**2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000117567

**FILED  
May 22, 2012  
Secretary of State**

**Entity Name:** KELLY CABINETRY & INSTALLATION, INC.

**Current Principal Place of Business:**

214 SW INWOOD AVE  
PORT ST LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

214 SW INWOOD AVE  
PORT ST LUCIE, FL 34984

**New Mailing Address:**

**FEI Number:** 65-1066352      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KELLY, LORI  
214 SW INWOOD AVE  
PORT ST LUCIE, FL 34984      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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KELLY, WILLIAM  
Address: 214 SW INWOOD AVE  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: D  
Name: KELLY, LORI  
Address: 214 SW INWOOD AVE  
City-St-Zip: PORT ST LUCIE, FL 34984

Title: D  
Name: KELLY, NICHOLAS J  
Address: 214 SW INWOOD AVE  
City-St-Zip: PORT ST. LUCIE, FL 34984

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM J KELLY

PRES

05/22/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date