


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90050 048 ***150.00

DOCUMENT # P01000002572

1. Entity Name
KELLY PAINTING, INC.



Principal Place of Business
2320 PALM AVE
SEFFNER, FL 33584

Mailing Address
2320 PALM AVE
SEFFNER, FL 33584

50010302



2. Principal Place of Business
9826 MCINTOSH RD
 Suite, Apt. #, etc.

3. Mailing Address
SAME
 Suite, Apt. #, etc.

01242005 Chg-P CR2E034 (10/03)

City & State
Dover FL

City & State

4. FEI Number
59-3690607

Applied For
 Not Applicable

Zip
33527

Country
USA

Zip Country

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

6. Name and Address of Current Registered Agent

KELLY, MARK
2320 PALM AVE.
SEFFNER, FL 33584

7. Name and Address of New Registered Agent -

Name
KELLY, MARK

Street Address (P.O. Box Number is Not Acceptable)
9826 MCINTOSH RD

City
Dover

State
FL

Zip Code
33527

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: *Mark Kelly* DATE: **1/28/05**

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 D	NAME KELLY, MARK	<input type="checkbox"/> Delete
STREET ADDRESS 2320 PALM AVE	CITY-ST-ZIP SEFFNER, FL 33584	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	NAME MARK KELLY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9826 MCINTOSH RD	CITY-ST-ZIP DOVER FL 33527	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

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 like empowered.

SIGNATURE: *Mark Kelly* DATE: **1/28/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #