2008 FOR PROFIT CORPORATION

Feb 04. 2008 08:00 AN ate

ANNUAL REPORT				TED 04, 2000 00.0			
1. Entity Nam	MENT # P010000171 KELLI, INC.	15			Sec	retary of St	
Principal Place of Business 12938 PLANTERS CREEK CIRCLE JACKSONVILLE, FL 32224		Mailing Address 12938 PLANTERS CREEK CIRCLE JACKSONVILLE, FL 32224		 	1811 68 111 88 111 8851 8818 1 111		
: . · · ·	O NOT WRITE	IN THIS SPA	CE	01142008 N	INII SAIN UNIU NBIN UNIN: III	2E034 (11/05)	
eri Listopia				4. FEI Number 59-3701004	4	Not Applicable	
1 ,				5. Certificate of Sta	itus Desired 🔲	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEMIRE, KELLI M 12938 PLANTERS CREEK CIRCLE JACKSONVILLE, FL 32224				I.	OT WRIT		
	named entity submits this statement for the consol registered agent. Signature, typed or printed name of registered agent and	t	red office or register	when reinstating)	he State of Florida. 1: U0000054 02713708-80	#21 5	
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution		.00 May Be ed to Fees	OLY 107 DO GO	800 810 100.00	
10.	OFFICERS AND DI	RECTORS			14	r ¹	
TITLE NAME STREET ADDRESS CITY: ST-ZIP	D LEMIRE, KELLI M 12938 PLANTERS CREEK CIRCLE JACKSONVILLE, FL 32224	:		a la			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEMIRE, JOSEPH R 12938 PLANTERS CREEK CIRCLE JACKSONVILLE, FL 32224		A Section of the sect			gradient to	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	The Control of the Control	DO.N	OT WRI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN TH	IIS SPAC	E	
TITLE NAME STREET ADDRESS			La series				

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 of 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED