## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 16, 2007 08:00 All Secretary of State **DOCUMENT # P01000034899** 1. Entity Name KELLY KING, P.A. Principal Place of Business Mailing Address 455 WINDING WILLOW DR. 455 WINDING WILLOW DR. PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 03282007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3718585 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KING, KELLY 455 WINDING WILLOW DR. PALM HARBOR, FL 34683 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 (NOTE: Registered Agent signature required when reinstaung) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! PEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE KING, KELLY 455 WINDING WILLOW DR. STREET ADDRESS PALM HARBOR, FL 34683 CITY-ST-7IP U00000706788 TITLE 04/24/07-80049-005 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

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

**SIGNATURE:** 

STREET ADDRESS CITY-ST-ZIP

CER OR DIRECTOR