2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2008 8:00 am
Secretary of State
07-09-2008 90020 024 ***150.00
07-30-2008 90029 037 ***408.75

DOCUMENT # P02000048239

1. Entity Name
MAXINE A. KELLEY, P.A.

40112362

Principal Place of Business	Mailing Address
5030 SANIBEL DRIVE JACKSONVILLE, FL 32210	5030 SANIBEL DRIVE JACKSONVILLE, FL 32210

07032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0470933
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KELLEY, MAXINE A
5030 SANIBEL DRIVE
JACKSONVILLE, FL 32210

DO NOT WRITE 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 registered agent.

SIGNATURE Maxine A. Kelley April 7, 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	KELLEY, MAXINE A
STREET ADDRESS	5030 SANIBEL DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maxine A. Kelley April 7, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40112362

3509

MAXINE A KELLEY,P.A.
5030 SANIBEL DR
JACKSONVILLE FL 32210-7445

April 7, 2008 Date

63-4/630 FL
1486

Pay to the Order of Florida Dept of State $ 150.00

One Hundred Fifty Dollars

Security Features Details on Back

Bank of America

ACH R/T 063100277

For #P02000048239 Maxine A Kelley MP

Harland Clarke

3522

MAXINE A KELLEY,P.A.
5030 SANIBEL DR
JACKSONVILLE FL 32210-7445

4/28/08 Date

63-4/630 FL
1486

Pay to the Order of Florida Dept of State $ 408.75

Four Hundred Eight Dollar + 75/100 Dollars

Security Features Details on Back

Bank of America

ACH R/T 063100277

Penalty & Collection Fees Maxine A Kelley MP

Harland Clarke