

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90189 014 \*\*\*150.00

**DOCUMENT # P02000079572**

1. Entity Name  
**KELLY GALLERIES, INC.**



Principal Place of Business

~~1961 S GARDEN GROVE DR~~  
~~VERO BEACH, FL 32962-7344~~

Mailing Address

~~1961 S GARDEN GROVE DR~~  
~~VERO BEACH, FL 32962-7344~~

**50036437**

2. Principal Place of Business

**320 Hawthorne LN**  
Suite, Apt. #, etc.

3. Mailing Address

**320 Hawthorne LN**  
Suite, Apt. #, etc.



01162005

Chg-P

CR2E034 (10/03)

City & State

**VERO Beach, FL 32962**

City & State

**VERO Beach, FL**

4. FEI Number

**54-2071760**

Applied For

Not Applicable

Zip

**32962**

Country

Zip

**32962**

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FOWLER, MICHAEL D**

~~311 SOUTH SECOND STREET SUITE 200~~  
~~FORT PIERCE, FL 34950~~

7. Name and Address of New Registered Agent

Name

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

**1680 SW St Lucie West Blvd**  
**Suite 204**

City

**PORT ST LUCIE**

FL

Zip Code

**34986**

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P**  
**KELLY, LAURA L**  
~~8501 PENSACOLA RD~~  
~~FORT PIERCE, FL 34951~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**POST**  
**320 Hawthorne LN**  
**VERO Beach, FL 32962**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

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: Laura C Kelly President**

**4/6/05**

**(772) 978-7661**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #