


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-05-2006 90174 010 ***150.00

DOCUMENT # P03000054372 1. Entity Name SALAZAR AND KELLY LAW GROUP, A PROFESSIONAL ASSOCIATION.	
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Principal Place of Business 2587 NORTH ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34744	Mailing Address 2587 NORTH ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34741
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66020044



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number 33-1057139	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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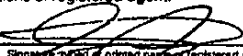
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SALAZAR, JUAN A 2587 NORTH ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34744

**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



Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/11/2006

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

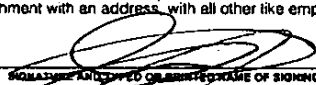
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAZAR, JUAN A 2587 NORTH ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, JAMES B III 2587 NORTH ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34744
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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/06

Date

Daytime Phone #