

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000054372

1. Entity Name
SALAZAR AND KELLY LAW GROUP, A PROFESSIONAL
ASSOCIATION.



Principal Place of Business
2587 NORTH ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744

Mailing Address
2587 NORTH ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34741



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number
33-1057139

Applied For
Not Applicable

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

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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SALAZAR, JUAN A
STREET ADDRESS 2587 NORTH ORANGE BLOSSOM TRAIL
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE D
NAME KELLY, JAMES B III
STREET ADDRESS 2587 NORTH ORANGE BLOSSOM TRAIL
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/18/07-80049-018 150.00

**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

Date

Daytime Phone #

4/4/2007 (407)483-0500