


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90453 049 ***150.00

DOCUMENT # P03000077483 1. Entity Name DICK KELLY ENTERPRISES, INC.					
Principal Place of Business 1815 W MESA VERDE DR BEVERLY HILLS FL 34465 <i>5818 N, LONGHORN TERR.</i>		Mailing Address 1815 W MESA VERDE DR BEVERLY HILLS FL 34465 <i>NEW</i>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>P.O. BOX 641104</i> Suite, Apt. #, etc.			
City & State Zip		City & State <i>BEVERLY HILLS, FLA.</i> Zip <i>34464</i>		4. FEI Number 75-2695854 Applied For <input type="checkbox"/> Not Applicable	
Country 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Country <i>U.S.A.</i>		1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent PONDER, CHARLES L 21 BEVERLY HILLS BLVD BEVERLY HILLS FL 34465			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when contesting) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST <input type="checkbox"/> Delete KELLY, RICHARD L 1815 W MESA VERDE DR BEVERLY HILLS FL 34465		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>5818 N, LONGHORN TERR.</i> <input type="checkbox"/> Delete <i>(NEW ADDRESS)</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Richard L. Kelly, President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>4-10-06 352-220-3769</i> <small>Date Daytime Phone #</small>		