


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

01-20-2005 90033 023 ***150.00

| | | | | | |
|---|---|---------|---|---|--|
| DOCUMENT # P03000116337 1. Entity Name KELLY HAULING, INC. | | | |  | |
| Principal Place of Business 1052 WHITEFIELD ROAD FREEPORT, FL 32439 US | | | Mailing Address 1052 WHITEFIELD ROAD FREEPORT, FL 32439 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent KELLY, BONNIE M 1052 WHITEFIELD RD. FREEPORT, FL 32439 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | 4. FEE Number 83-0372920 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when renaming) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P KELLY, DAVID M 1052 WHITEFIELD RD. FREEPORT, FL 32439 | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SEC KELLY, BONNIE M 1052 WHITEFIELD RD. FLORIDA, FL 32439 | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| | | | | | |
| 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: <u><i>Bonnie M. Kelly</i></u> <u>1/14/05</u> <u>(850) 835-4058</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

66002100



01072005 Chg-P CR2E034 (10/03)

FL

Zip Code