


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000122874
 1. Entity Name
 KELLY SEAMAN, P.A.



Principal Place of Business Mailing Address
 1825 LAKESHORE CIRCLE 1825 LAKESHORE CIRCLE
 LONGWOOD, FL 32750 LONGWOOD, FL 32750

DO NOT WRITE IN THIS SPACE



03202006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 20-0341018 Not Applicable

5. Certificate of Status Desired \$6.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEAMAN, KELLY A
 1825 LAKESHORE CIRCLE
 LONGWOOD, FL 32750

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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 _____ (NOTE: Registered Agent signature required when reinstating) 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

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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P.A. KELLY, SEAMAN A 1825 LAKESHORE CIRCLE LONGWOOD, FL 32750 |
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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 or without other like empowerment.

SIGNATURE: X  Date: X 3/24/06 (407) 325 2535 Daytime Phone #