

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P03000122874



1. Entity Name
 KELLY SEAMAN, P.A.

Principal Place of Business
 1825 LAKESHORE CIRCLE
 LONGWOOD, FL 32750

Mailing Address
 1825 LAKESHORE CIRCLE
 LONGWOOD, FL 32750

DO NOT WRITE IN THIS SPACE



03262008 No Chg-P CR2E034 (11/05)

1. FEI Number 20-0341018	Applied For Not Applicable
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2. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SEAMAN, KELLY A
 1825 LAKESHORE CIRCLE
 LONGWOOD, FL 32750

8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.

SIGNATURE _____ (NOTE: Signature typed or printed name of registered agent and title if applicable) Registered Agent signature

agent, or both, in the State of Florida. I am familiar with, and accept

(Signature) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution

by Be _____
 04/21/08-80002-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.A. KELLY, SEAMAN A 1825 LAKESHORE CIRCLE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature as officer or trustee empowered to execute this report as required, changed, or on an attachment with an address, with all other like empowered.

options contained herein shall have the effect as if made under oath that I am an officer or director of the corporation and that my name appears in Block 10 or Block 11 if required by Chapter 607

109, Florida Statutes. I further certify that the information provided as if made under oath that I am an officer or director of the corporation and that my name appears in Block 10 or Block 11 if required by Chapter 607

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

108
 407 325 2555
 Date _____ Daytime Phone # _____