2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000130304

1. Entity Name
KELLY SIEG, INC.

Principal Place of Business	Mailing Address
1651 W. GULF TO LAKE HWY. LECANTO, FL 34461	1651 W. GULF TO LAKE HWY. LECANTO, FL 34461

DO NOT WRITE IN THIS SPACE

04242007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0243789	Not Applicable

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

6. Name and Address of Current Registered Agent

SIEG, KELLY
1651 W. GULF TO LAKE HWY.
LECANTO, FL 34461

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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_____

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	PS
NAME	SIEG, KELLY J
STREET ADDRESS	P. O. BOX 478
CITY-ST-ZIP	INGLIS, FL 34449
TITLE	VT
NAME	SIEG, KARL
STREET ADDRESS	P. O. BOX 478
CITY-ST-ZIP	INGLIS, FL 34449
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/18/07-80081-003 150.00

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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 all other like empowered.

SIGNATURE: _Kelly Sieg_   4/29/07   352 5278168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #