

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90019 048 \*\*\*150.00

DOCUMENT # P03000137139

1. Entity Name

BOBBY KELTON INC.



Principal Place of Business

F4600 OLD LUCECNE K RD  
WINTER HAVEN FL 33881

Mailing Address

P O BOX 3496  
WINTER HAVEN FL 33885-3496



2. Principal Place of Business - No P.O. Box #

4600 Old Lucerne Pk Rd.

Suite, Apt. #, etc.

Suite 3

City & State

Winter Haven, FL

Zip

33881

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

20-0457305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KELTON, ROBERT W JR  
2520 COUNTRY CLUB RD N  
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]*

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: P ☐ Delete  
NAME: KELTON, ROBERT W JR  
STREET ADDRESS: 2520 COUNTRY CLUB RD N  
CITY- ST- ZIP: WINTER HAVEN FL 33881

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

TITLE: ☐ Change ☐ Addition  
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NAME:  
STREET ADDRESS:  
CITY- ST- ZIP:

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #