2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# P03000158112

Entity Name: THOMAS KELLY MANAGEMENT COMPANY

Current Principal Place of Business:

1880 ARLINGTON ST SUITE 103
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1880 ARLINGTON ST SUITE 103
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 20-0990860 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, DAVID P
2201 RINGLING BLVD
SUITE 104
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KELLY, THOMAS F
Address: 1880 ARLINGTON ST SUITE 103
City-St-Zip: SARASOTA, FL 34239

Title: VSD ( ) Delete
Name: KELLY, JACQUELINE F
Address: 1880 ARLINGTON ST SUITE 103
City-St-Zip: SARASOTA, FL 34239

Title: TD ( ) Delete
Name: KELLY, JAMES M
Address: 191 TALL TREES CT
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS F. KELLY PD 07/07/2008

Electronic Signature of Signing Officer or Director — Date