

FILED
Apr 06, 2005 8:00 am
Secretary of State

[illegible]

DOCUMENT # P04000043807 1. Entity Name E. KELLEY TRUCKING, INC.				Secretary of State 04-06-2005 90092 014 ***150.00	
Principal Place of Business 109 GENTLE BREEZE DRIVE CLERMONT, FL 34711 34711		Mailing Address 109 GENTLE BREEZE DRIVE CLERMONT, FL 34711 34711			
2. Principal Place of Business 109 Gentle Breeze		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042005 Chg-P CR2E034 (10/03)	
City & State CLERMONT FL		City & State		4. FEI Number 20-0831081	
Zip 34711		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OBRIG, ELWOOD M 700 ALMOND STREET CLERMONT, FL 34711				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PSTD KELLEY, EDWARD E 109 GENTLE BREEZE DRIVE CLERMONT, FL 34711 34711			TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ 3-6-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____					