

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000072723**

1. Entity Name

KELLY MONTGOMERY-KEPLER, P.A.



Principal Place of Business

110 HAVEN BEACH DRIVE  
UNIT 2

INDIAN ROCKS BEACH, FL 33785 US

Mailing Address

110 HAVEN BEACH DRIVE  
UNIT 2

INDIAN ROCKS BEACH, FL 33785 US



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number

01-0812201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

MONTGOMERY-KEPLER, KELLY  
110 HAVEN BEACH DRIVE  
UNIT 2  
INDIAN ROCKS BEACH, FL 33785

**DO NOT WRITE  
IN THIS SPACE**

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 restate)

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 D  
NAME MONTGOMERY-KEPLER, KELLY  
STREET ADDRESS 110 HAVEN BEACH DRIVE, UNIT 2  
CITY - ST - ZIP INDIAN ROCKS BEACH, FL 33785

TITLE  
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U00000708673  
04/24/07-80122-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/07 727-515-6887