

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90038 045 ***150.00

DOCUMENT # P04000127786

1. Entity Name
KELLINGTON, INC.



Principal Place of Business
15132 DIONNA WAY
DADE CITY, FL 33523

Mailing Address
PO BOX 1164
DADE CITY, FL 33526

40044780

2. Principal Place of Business, No P.O. Box #
15132 Dionna

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State
Dade City, FL

Zip
33523

Country
Pasco

03052008 Chg-P GR2E034 (12/06)

4. FFI Number
56-2480093

5. Corporate Franchise Fee \$5.00

6. Name and Address of Current Registered Agent
KELLEY, J.W.
15052 DIONNA WAY
DADE CITY, FL 33523

15132 (moved next door)

7. Name and Address of New Agent

Name

Street Address (P.O. Box, Apartment, etc.)

City

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent or both.

SIGNATURE *[Signature]*

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPST	☐ Delet
NAME	KELLEY, JOHN W	15132
STREET ADDRESS	15052 DIONNA WAY	
CITY-ST-ZIP	DADE CITY, FL 33523	
TITLE		☐ Delet
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delet
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delet
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delet
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONAL OFFICERS AND DIRECTORS

TITLE	DPST
NAME	Kelley, John W
STREET ADDRESS	15132 Dionna Way
CITY-ST-ZIP	Dade City, FL 33523
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 136, Florida Statutes, indicated on this report or supplemental report is true and accurate and that my signature and title are the same as indicated on the report or supplemental report of the corporation or the receiver or trustee or authorized person to execute this report or to qualify by Chapter 136, Florida Statutes, if the information has changed, or on an attachment with an address, with all other filers empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR