

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000022345**

1. Entity Name  
**TIM KELLY REAL ESTATE, INC.**



Principal Place of Business      Mailing Address

**2945 LIVINGSTON ROAD**      **2945 LIVINGSTON ROAD**  
**TALLAHASSEE, FL 32303**      **TALLAHASSEE, FL 32303**

**DO NOT WRITE IN THIS SPACE**



05282007      No Chg-P      CR2E034 (11/05)

4. FEI Number <b>20-2331817</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**KELLY, TIM**  
**2945 LIVINGSTON ROAD**  
**TALLAHASSEE, FL 32303**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KELLY, TIM 2945 LIVINGSTON ROAD TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000765551  
 06/01/07-80011-018 150.00

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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: Tim Kelly      5/29/07      850-445-1192  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #