


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90051 004 ***150.00

DOCUMENT # P05000029584

1. Entity Name
THE KELLEY FIRM, P.A.



Principal Place of Business Mailing Address

750 SE 3 AVE **750 SE 3 AVE**
SUITE 200 **SUITE 200**
FORT LAUDERDALE, FL 33316 **FORT LAUDERDALE, FL 33316**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

700 SE 3 AVE **700 SE 3 AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 300 **Suite 300**

City & State City & State

Ft Lauderdale FL **Ft Lauderdale FL**

Zip Country Zip Country

33316 **USA** **33316** **USA**



04092007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

KELLEY, ROBERT W
750 SE 3 AVE
SUITE 200
FORT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name **Kelley, Robert W.**
 Street Address (P.O. Box Number is Not Acceptable)
700 SE 3 AVE, Suite 300
 City **Ft Lauderdale** FL Zip Code **33316**

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 _____ DATE **4/11/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P	<input type="checkbox"/> Delete
NAME	KELLEY, ROBERT W	
STREET ADDRESS	750 SE 3 AVE, SUITE 200	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700 SE 3 AVE, Suite 300	
CITY-ST-ZIP	Ft Lauderdale FL 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ DATE: **4/11/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #