

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90033 020 ***150.00

DOCUMENT # P05000084462

1. Entity Name

KELLY S. ELECTRIC, INC.



Principal Place of Business

3645 19 ST N
ST PETERSBURG FL 33713

Mailing Address

3645 19 ST N
ST PETERSBURG FL 33713



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

3645 19th ST. N.

3. Mailing Address

3645 19th ST. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

ST. PETERSBURG, FL.

City & State

ST. PETERSBURG, FL.

4. FEI Number

20-2885658

Applied For

Not Applicable

Zip

33713

Country

USA

Zip

33713

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, KELLY
3645 19 ST N
ST PETERSBURG FL 33713

7. Name and Address of New Registered Agent

Name

JAME

Street Address (P.O. Box Number is Not Acceptable)

N/A

City

N/A

FL

Zip Code

N/A

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 reinstating

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	SMITH, KELLY	
STREET ADDRESS	3645 19 ST N	
CITY - ST - ZIP	ST PETERSBURG FL 33713	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	OPERATIONS MANAGER	☐ Change ☒ Addition
NAME	BELINDA DRIVER	
STREET ADDRESS	5001 14th ST. N.E.	
CITY - ST - ZIP	ST. PETERSBURG, FL. 33703	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ Change ☐ 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 Section 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 #