2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2006 8:00 am Secretary of State 03-16-2006 90247 004 ***150.00

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DOCUMENT # P05000099003 1. Entity Name ROBERT GARY O'KELLY, INC.								03-10-2	2000 902	.47 004	130.0
Principal Place of Business 4176 VENTANA BLVD ROCKLEDGE, FL 32955			4	ailing Address 176 VENTANA BLVD OCKLEDGE, FL 3295	55	·.	66007594				
2. Principal Place of Business			3.	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			02222006	Chg-P	CR2E0	34 (11/05)	
City & State				City & State		4. FEI Number	- 089	416	• • • • • • • • • • • • • • • • • • • •	oplied For of Applicable	
Zip		Country		Zip 	Coun	itry	5. Certificate	of Status Desired		\$8.75 Add Fee Require	ditional id
	and Address of Cur	stered Agent			7. Name and	Address of New I	Registered /	Agent			
O'KELLY, ROBERT G						Name					
4176 VENTANA BLVD ROCKLEDGE, FL 32955						Street Address (P.O. Box Numbe	r is Not Acceptabl	le)		
						City			Fl	Zip Cod	e
8. The above	named entit	y submits this stateme	ent for the	ourpose of changing its	register	ed office or register	red agent, or both	n, in the State of Fi		familiar with.	and accept
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 pointed memory of registered agent and side if applicable. (INOTE: Registered Agent stignature required when reinstating) DATE											
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 Ma Trust Fund Contribution. Added to Fe											
10.	OFFICERS AND DIRECTORS						ADDITIONS/0	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME	D Delete tim					1				☐ Change	Addition
STREET ADDRESS	4176 VEN			ET ADORESS					· .		
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STREET ADDRESS CITY-ST-ZIP						-ST-ZIP					
	Certify that #	e information supplies	with this	iling does not qualify f			in Chapter 119	Florida Statutes	i luther con	ily that the i	nformation
12. Thereby certify that the information supplied with this filing does not quality 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 es if made under ceth; 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 within address, with all other like empowered.											
SIGNATURE: Kohnt Stary Okuly 3/3/06 321-504-0722											