

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 18, 2007 08:00 AM
Secretary of State**

DOCUMENT # P05000165599 1. Entity Name ROSS A. KELLEY INC.	
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Principal Place of Business 171 NE PENLYNN AVE. PORT ST. LUCIE, FL 34983	Mailing Address 171 NE PENLYNN AVE. PORT ST. LUCIE, FL 34983
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0812714	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KELLEY, ROSS A. 171 NE PENLYNN AVE. PORT ST. LUCIE, FL 34983	DO NOT WRITE IN THIS SPACE
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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 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000591261 01/18/07-80016-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLEY, ROSS A. 171 NE PENLYNN AVE. PORT ST. LUCIE, FL 34983
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**DO NOT WRITE
IN THIS SPACE**

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: Ross A. Kelley 1-14-07 1-772-812-6613

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