

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000005785

Entity Name: KELLARD & HOLT, P.A.

FILED  
Apr 18, 2008  
Secretary of State

**Current Principal Place of Business:**

940 UNIVERSITY BLVD  
UNIT 105  
PORT ST. LUCIE, FL 34988

**New Principal Place of Business:**

940 NW UNIVERSITY BLVD  
UNIT 105  
PORT ST. LUCIE, FL 34988

**Current Mailing Address:**

P.O. BOX 880483  
PORT SAINT LUCIE, FL 349880483

**New Mailing Address:**

940 NW UNIVERSITY BLVD  
UNIT 105  
PORT ST. LUCIE, FL 34988

FEI Number: 20-4118062

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHTWW, INC.  
390 N. ORANGE AVENUE  
SUITE 1500  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

LIPSON, GARY D  
390 N. ORANGE AVENUE  
SUITE 1500  
ORLANDO, FL 32801 US

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.

SIGNATURE: GARY D LIPSON

04/18/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: KELLARD, JOHN  
Address: P.O. BOX 880483  
City-St-Zip: PORT SAINT LUCIE, FL 349880483

Title: DVP ( ) Delete  
Name: HOLT, NATHANIEL J  
Address: P.O. BOX 880483  
City-St-Zip: PORT SAINT LUCIE, FL 349880483

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN KELLARD

P

04/18/2008

Electronic Signature of Signing Officer or Director

Date