

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000022205

Entity Name: KELLNER & KELLNER, INC.

FILED  
Jan 09, 2008  
Secretary of State

## Current Principal Place of Business:

811 U.S. HWY. 27 S.  
AVON PARK, FL 33825

## New Principal Place of Business:

811 U.S. HWY 27 S.  
AVON PARK, FL 33825

## Current Mailing Address:

POST OFFICE BOX 880  
AVON PARK, FL 33826

## New Mailing Address:

PO BOX 880  
AVON PARK, FL 33826

FEI Number: 20-4500159

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBERT E. LIVINGSTON, P.A.  
445 SOUTH COMMERCE AVENUE  
SEBRING, FL 33870 US

## Name and Address of New Registered Agent:

ROBERT E. LIVINGSTON, P.A.  
445 SOUTH COMMERCE AV  
SEBRING, FL 33870 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:

01/09/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P, D ( ) Delete  
Name: KELLNER, DENNIS E  
Address: 811 U.S. HWY. 27 SOUTH  
City-St-Zip: AVON PARK, FL 33825

Title: VPD ( ) Delete  
Name: KELLNER, VICKY L  
Address: 811 U.S. HWY. 27 SOUTH  
City-St-Zip: AVON PARK, FL 33825

Title: STD ( ) Delete  
Name: LAMBIRIS, MICHELLE L  
Address: 811 U.S. HWY. 27 SOUTH  
City-St-Zip: AVON PARK, FL 33825

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: KELLNER, DENNIS E  
Address: 811 U.S. HWY 27 S  
City-St-Zip: AVON PARK, FL 33825

Title: VPD (X) Change ( ) Addition  
Name: KELLNER, VICKY L  
Address: 811 U.S. HWY 27 S.  
City-St-Zip: AVON PARK, FL 33825

Title: STD (X) Change ( ) Addition  
Name: LAMBIRIS, MICHELLE L  
Address: 811 U.S. HWY 27 S.  
City-St-Zip: AVON PARK, FL 33825

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: MICHELLE L LAMBIRIS

STD

01/09/2008

Electronic Signature of Signing Officer or Director

Date