


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90189 039 ***158.75

DOCUMENT # P06000121306	
1. Entity Name KELLY'S PUB, INC.	

Principal Place of Business 1307 W HORATIO ST. TAMPA, FL 33606	Mailing Address 1307 W HORATIO ST. TAMPA, FL 33606
-----------------------------------------------------------------------------	-----------------------------------------------------------------



2. Principal Place of Business - No P.O. Box # 206 N. Morgan St		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State	
Zip 33602	Country USA	Zip	Country

01172007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent	
STRACEY, ANNA 1307 W HORATIO ST. TAMPA, FL 33606	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STRACEY, ANNA		NAME Cochran, Michael K.	
STREET ADDRESS 1307 W HORATIO ST.		STREET ADDRESS 1307 W. Horatio St, Tampa FL 33606	
CITY-ST-ZIP TAMPA, FL 33606		CITY-ST-ZIP Tampa FL 33606	
TITLE	<input type="checkbox"/> Delete	TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME Stracey, Anna	
STREET ADDRESS		STREET ADDRESS 1307 W Horatio St, Tampa, FL 33606	
CITY-ST-ZIP		CITY-ST-ZIP Tampa, FL 33606	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	Anna Stracey	4-10-06	(813) 476-4263
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			