


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90031 029 ***158.75

DOCUMENT # P06000132289	
1. Entity Name KELLY'S LAWN MAINTENANCE, INC.	

Principal Place of Business 11045 VIRGINIA AVENUE ATTN: SHANE KELLY JACKSONVILLE, FL 32219	Mailing Address 11045 VIRGINIA AVENUE ATTN: SHANE KELLY JACKSONVILLE, FL 32219
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40010196



2. Principal Place of Business - No P.O. Box # 11045 Virginia Ave	3. Mailing Address 11045 Virginia Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01292007 Chg-P CR2E034 (12/06)

City & State J9X FL	City & State J9X, FL
Zip 32219	Country DUU91

4. FEI Number 22-3944999	Applied For - Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KELLY, SHANE D 11045 VIRGINIA AVENUE JACKSONVILLE, FL 32219
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <u>Shane Kelly</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE <u>2-3-07</u>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Shane Kelly</u> <u>11045 Virginia Ave</u> <u>J9X, FL 32219</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>registered agent</u> <u>Shane Kelly</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President, Director</u> <u>Shane Kelly</u> <u>11045 Virginia Ave</u> <u>J9X, FL 32219</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P, VP, D, S</u> <u>Shane Kelly</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>11045 Virginia Ave</u> <u>J9X, FL 32219</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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.
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SIGNATURE: <u>Shane Kelly</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>2-3-07</u>	DAYTIME PHONE # <u>(904) 764-2697</u>
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(904) 424-5947