

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90020 035 ***150.00

DOCUMENT # P06000157758

1. Entity Name
KELLY, BRUSH, PUJOL & COYLE, P.A.



Principal Place of Business
**842 SOUTH MISSOURI AVENUE
LAKELAND, FL 33815**

Mailing Address
**842 SOUTH MISSOURI AVENUE
LAKELAND, FL 33815**

400000000



2. Principal Place of Business - No P.O. Box #
825 E. Main Street
Suite, Apt. #, etc.

3. Mailing Address
825 E. Main Street
Suite, Apt. #, etc.

01152008 Chg-P CR2E034 (12/06)

City & State
Lakeland, Florida

City & State
Lakeland, Florida

4. FEI Number
20-8122723

Applied For
Not Applicable

Zip
33801

Country
Polk

Zip
33801

Country
Polk

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SPIVEY, LOUISE W
187 LAKE MORTON DRIVE
LAKELAND, FL 33801**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KELLY, JAMES
842 S MISSOURI AVE
LAKELAND, FL 33815** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CAYLE, TIMOTHY O
842 S MISSOURI AVE
LAKELAND, FL 33815** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRUSH, ROBERT M
842 SOUTH MISSOURI AVENUE
LAKELAND, FL 33815** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PUJOL, E. ALEXANDER
842 SOUTH MISSOURI AVENUE
LAKELAND, FL 33815** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
W. James Kelly
825 E. Main Street
Lakeland, Florida 33801** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Coyle, Timothy O.
825 E. Main Street
Lakeland, Florida 33801** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Brush, Robert M.
825 E. Main Street
Lakeland, Florida 33801** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Pujol, E. Alexander
825 E. Main Street
Lakeland, Florida 33801** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Robert M. Brush

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-08

Date

Daytime Phone #