2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000059022

Entity Name: THOMAS D. KELLEY, INC.

FILED Apr 14, 2009 Secretary of State

Current Pr	incipal Place of Business:	New Princ	New Principal Place of Business:	
561 WEST MONTROSE ST. #8 CLERMONT, FL 34711		10401 MYA	10401 MYAKKA DR CLERMONT, FL 34711	
Current Ma	ailing Address:	New Maili	New Mailing Address:	
561 WEST MONTROSE ST. #8 CLERMONT, FL 34711			10401 MYAKKA DR CLERMONT, FL 34711	
FEI Number:	FEI Number Applied For () FEI	Number Not Appl	icable (X) Certificate of Status Desired ()	
Name and Address of Current Registered Agent: N			Name and Address of New Registered Agent:	
KELLEY, THOMAS D 561 WEST MONTROSE ST. #8 CLERMONT, FL 34711 US		10401 MYA CLERMON	KELLEY, THOMAS D OWNER 10401 MYAKKA DR CLERMONT, FL 34711 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: THOMAS D KELLEY 04/14/2009			04/14/2009	
Electronic Signature of Registered Agent			Date	
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete KELLEY, THOMAS D 561 WEST MONTROSE ST. #8 CLERMONT, FL 34711	Title: Name: Address: City-St-Zip:	P (X) Change () Addition KELLEY, THOMAS D PRES 10401 MYAKKA DR CLERMONT, FL 34711 US	
Title: Name: Address: City-St-Zip:	()Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition KELLEY, THOMAS D VP 10401 MYAKKA DR CLERMONT, FL 34711 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	SEC () Change (X) Addition KELLEY, THOMAS D SEC 10401 MYAKKA DR CLERMONT, FL 34711 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	TRES () Change (X) Addition KELLEY, THOMAS D TRES 10401 MYAKKA DR CLERMONT, FL 34711 US	
Title: Name: Address:	() Delete	Title: Name: Address:	OFF () Change (X) Addition KELLEY, THOMAS D OFFICER 10401 MYAKKA DR	

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.

City-St-Zip:

City-St-Zip:

Title:

Name: Address:

SIGNATURE: THOMAS D KELLEY PRES 04/14/2009

() Delete

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CLERMONT, FL 34711 US

CLERMONT, FL 34711 US

10401 MYAKKA DR

KELLEY, THOMAS D OFFICER

() Change (X) Addition

OFF