

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000043858

FILED  
Mar 22, 2011  
Secretary of State

Entity Name: KELLEY GREEN SOLUTIONS, INC.

**Current Principal Place of Business:**

10859 NEWBRIDGE DRIVE  
RIVERVIEW, FL 33579

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2367  
RIVERVIEW, FL 33568

**New Mailing Address:**

FEI Number: 26-2521803

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

D'ANGELO, JENNIFER M  
3918 W VASCONIA STREET  
TAMPA, FL 33629 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KELLEY, CARRIE C  
Address: 10859 NEWBRIDGE DRIVE  
City-St-Zip: RIVERVIEW, FL 33579

Title: VP  
Name: KELLEY, GRACE C  
Address: 10859 NEWBRIDGE DRIVE  
City-St-Zip: RIVERVIEW, FL 33579

Title: S/T  
Name: KELLEY, MEGHAN E  
Address: 10859 NEWBRIDGE DRIVE  
City-St-Zip: RIVERVIEW, FL 33579

Title: D  
Name: KELLEY, EMILY A  
Address: 10859 NEWBRIDGE DRIVE  
City-St-Zip: RIVERVIEW, FL 33579

Title: D  
Name: KELLEY, CAROLYN L  
Address: 10859 NEWBRIDGE DRIVE  
City-St-Zip: RIVERVIEW, FL 33579

I hereby 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 all other like empowered.

SIGNATURE: CARRIE C. KELLEY

PRES

03/22/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date