

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000023380**

1. Entity Name  
**KELLY INSULATION, INC.**



Principal Place of Business

**5340 W ST RD 84  
BAY 9  
DAVIE, FL 33314 US**

Mailing Address

**5340 W ST RD 84  
BAY 9  
DAVIE, FL 33314 US**

**DO NOT WRITE IN THIS SPACE**



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0388936**

Applied For  
**Not Applicable**

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

6. Name and Address of Current Registered Agent

**OLIVIERI, LEONARD A JR  
5340 WEST STATE ROAD 84  
BAY 9  
DAVIE, FL 33314**

**DO NOT WRITE  
IN THIS SPACE**

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 resigning)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**1100000426892  
02/20/06-80060-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
OLIVIERI, LEONARD A JR  
5340 W. ST. RD. 84 #9  
DAVIE, FL 33314**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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IN THIS SPACE**

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** *Leonard A. Olivieri Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/6/06 954-7911373**