

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90295 011 ***150.00

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1. Entity Name
KELLY & KELLY PROPERTIES, INC.



Principal Place of Business
**215 N. JEFFERSON
MONTICELLO, FL 32344 US**

Mailing Address
**215 N. JEFFERSON
MONTICELLO, FL 32344 US**

40000024



DO NOT WRITE IN THIS SPACE

03252005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3242191

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KELLY, PAMELA
980 HATCHETT RD
LAMONT, FL 32336**

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KELLY, BARRY P
STREET ADDRESS	980 HATCHETT RD.
CITY-ST-ZIP	LAMONT, FL 32336
TITLE	VTS
NAME	KELLY, PAMELA
STREET ADDRESS	980 HATCHETT RD.
CITY-ST-ZIP	LAMONT, FL 32336
TITLE	PRES
NAME	KELLY, BARRY P PRES.
STREET ADDRESS	215 N. JEFFERSON ST.
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	SEC.
NAME	KELLY, PAMELA J SEC.
STREET ADDRESS	215 N. JEFFERSON ST.
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/05

850-497-5516