

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000059880

Entity Name: KELYN INVESTMENT CO., INC.

FILED  
Apr 26, 2009  
Secretary of State

**Current Principal Place of Business:**

819 S.W. ST. ANDREWS COVE  
PORT ST LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 880626  
PORT ST LUCIE, FL 34988

**New Mailing Address:**

FEI Number: 65-0514152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HALL, JAMES K MR.  
819 SW ST. ANDREWS COVE  
PORT ST LUCIE, FL 34986 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HALL, JAMES K MR.  
Address: 819 SW ST. ANDREWS COVE  
City-St-Zip: PORT ST LUCIE, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JAMES KELLY HALL

PD

04/26/2009

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

\_\_\_\_\_ Date