

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000066588

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** KELLY DISTRIBUTION OFS.W.FL., INC.

**Current Principal Place of Business:**

1202 SE 12 TERRACE  
CAPE CORAL, FL 33990 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 152464  
CAPE CORAL, FL 33915 US

**New Mailing Address:**

**FEI Number:** 65-0521471

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAMSKI, ROBERT C  
1417 CAPE CORAL PKWY  
CAPE CORAL, FL 33904 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: 0  
Name: KELLY, MICHAEL P  
Address: 1704 SE 8TH STREET  
City-St-Zip: CAPE CORAL, FL 33990

Title: D  
Name: KELLY, JAMES D  
Address: 1202 SE 12TH TERR  
City-St-Zip: CAPE CORAL, FL 33990

Title: D  
Name: KELLY, ARLENE K  
Address: 1202 SE 12TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33990

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: ARLENE K. KELLY

D

04/12/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date