

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90079 036 ***150.00

DOCUMENT # P95000002576

1. Entity Name

SHAUN N. KELLY, C.P.A., P.A.



Principal Place of Business

801 ANCHOR RODE DRIVE
#106
NAPLES FL 33940

Mailing Address

801 ANCHOR RODE DRIVE
#106
NAPLES FL 33940



2. Principal Place of Business

2390 TAMMAM TRAIL N

Suite, Apt. #, etc.

206

City & State

NAPLES FL

Zip 34103

Country

USA

3. Mailing Address

2390 TAMMAM TRAIL N

Suite, Apt. #, etc.

206

City & State

NAPLES FL

Zip 34103

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0541801

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, CHARLES M JR
2640 GOLDEN GATE PARKWAY SUITE 315
NAPLES FL 33941

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2390 TAMMAM TRAIL N. # 204

City NAPLES

FL

Zip Code 34103

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

2/13/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME KELLY, SHAUN N
STREET ADDRESS 530 SPRINGLINE DR
CITY-ST-ZIP NAPLES FL 33940

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06 (239) 262-8993