

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 25, 2008 8:00 am
Secretary of State

07-25-2008 90010 009 ***150.00

DOCUMENT # P96000027924

1. Entity Name

KELLY STARKE SUPPLY, INC.



Principal Place of Business

723 PROGRESS WY
SANFORD FL 32771
US

Mailing Address

723 PROGRESS WY
SANFORD FL 32771
US



2. Principal Place of Business - No P.O. Box #

same

3. Mailing Address

4240 Church St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1202

City & State

Sanford FL

Zip

Country

Zip

32771

Country

sem.

1st MOORE

CR2E034 (10/07)

4. FEI Number 59-3370545

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Kelly Starke

Michaela Starke

7/21/08

Signature, typed, printed name of registered agent and fee (if applicable).

(NOTE: Registered Agent signature required when submitting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STARKE, KELLY	
STREET ADDRESS	1039 BLUFF RD	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KELLY & MICHAELA, STARKE	
STREET ADDRESS	1039 LEMON BLUFF ROAD	
CITY-ST-ZIP	OSTEEN FL 32764	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	920 Lemon Bluff Rd
CITY-ST-ZIP	OSTEEN FL 32764
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	920 Lemon Bluff Rd
CITY-ST-ZIP	OSTEEN FL 32764
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Michaela Starke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

ATTACHMENT

40112137

P96000027924

Division of Corporations
Annual report section
Po box 6850
Tallahassee, Fl 32314

Kelly Starke Supply Inc
4240 Church Street Suite 1202
Sanford Florida 32771
407-328-0949 office
407-321-6580 fax

July 21, 2008

To whom it may concern,

About a week ago I spoke with a young lady at your office, and questioned her, as to why they were sending me a notice of intent to dissolve cards, and she asked me if I mailed in the annual report notice cards, which I had, we came to the conclusion that I never received the 1st copy of the 2008 limited liability company letter due May 1 08, she said that she would be sending me another copy and to mail the funds and this letter and the annual report once I received it, with the funds of \$150.00 and that this had just been an misunderstanding.

Thank you for your understanding.

Michaela 
For Kelly Starke Supply Inc

ATTACHMENT

40112137
#P96000027924

WE HAVE MOVED!!!

PLEASE NOTE OUR NEW ADDRESS

**KELLY STARKE SUPPLY, INC.
4240 CHURCH STREET
SUITE 1202
SANFORD, FLORIDA 32771**

**PHONE NUMBER AND FAX NUMBER
REMAIN THE SAME**