


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90038 020 ***150.00

DOCUMENT # P96000091497 1. Entity Name KELLY CONGLOMERATES, INC.			
Principal Place of Business 1234 AIRPORT RD #118 DESTIN, FL 32541		Mailing Address 1234 AIRPORT RD #118 DESTIN, FL 32541	
2. Principal Place of Business - No P.O. Box # 53 BANNERMAN Beach		3. Mailing Address 981 Hwy 98 E Suite 3-419	
Suite, Apt. #, etc. Santa Rosa Beach FL		Suite, Apt. #, etc. FL	
City & State 32459		City & State 32541	
Zip 32459		Zip 32541	
Country 		Country 	
4. FEI Number 59-3416263		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLY, LOWELL B 1234 AIRPORT RD. #118 DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 53 BANNERMAN Beach LANE City Santa Rosa Beach FL	
Zip Code 32459			
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 <u><i>Lowell B. Kelly</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, LOWELL B 1234 AIRPORT RD, #118 DESTIN, FL 32541	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Lowell B. Kelly</i></u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	