



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000045154</b> 1. Entity Name <b>KELLY'S AIR CONDITIONING &amp; APPLIANCE SERVICE INC.</b>					
Principal Place of Business <b>6570 S.W. 56TH ST FORT LAUDERDALE FL 33314</b>			Mailing Address <b>6570 S.W. 56TH ST FORT LAUDERDALE FL 33314</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E034 (10/04)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number <b>65-0763875</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KELLY, ROBERT BRUCE JR 6570 SW 56TH STREET FORT LAUDERDALE FL 33314</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 <b>KELLY, ROBERT BRUCE JR 6570 SW 56TH STREET FORT LAUDERDALE FL 33314</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>1000000258391</b>  <b>03/10/05-80038-021 150.00</b> </div>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V <b>KELLY, SUSAN 6570 SW 56TH STREET FORT LAUDERDALE FL 33314</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerments.					
SIGNATURE: <i>Robert B. Kelly Jr</i>			Date <b>3/7/05</b> Daytime Phone # <b>954-587-5351</b>		