

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000061189

1. Entity Name
KELCO OF MARCO, INC.



Principal Place of Business
720 BALD EAGLE DR
MARCO ISLAND, FL 34145

Mailing Address
720 BALD EAGLE DR
MARCO ISLAND, FL 34145

DO NOT WRITE IN THIS SPACE

**FILED
Apr 21, 2008 8:00 am
Secretary of State**

04-21-2008 90074 033 ***150.00



04092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3652723	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME KELLY, MICHAEL R
STREET ADDRESS 740 BALD EAGLE DR.
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE D
NAME KELLY, LISA
STREET ADDRESS 740 BALD EAGLE DR.
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE
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 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: *Lisa Kelly* 4/18/2008 239 642-4944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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IN THIS SPACE**