

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000083960

1. Entity Name
KELLY REAL ESTATE SERVICES, INC.



Principal Place of Business
**19909 U.S. HIGHWAY 41 NORTH
LUTZ, FL 33549**

Mailing Address
**19909 U.S. HIGHWAY 41 NORTH
LUTZ, FL 33549**



08092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3536650	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, ROBERT A
19909 US 41
LUTZ, FL 33549**

**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 reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	KELLY, ROBERT A
STREET ADDRESS	301 LAKE KELL COURT
CITY-ST-ZIP	LUTZ, FL 33549

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

U00000771945
08/13/07-80001-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/07

813-948-0354