


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90064 048 ***150.00

DOCUMENT # P99000098161	
1. Entity Name KELLY R. ELMORE, RLA, P.A.	

Principal Place of Business PO BOX 330351 ATLANTIC BEACH FL 32233	Mailing Address PO BOX 330351 ATLANTIC BEACH FL 32233
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2. Principal Place of Business - No P.O. Box # <i>1650 Beach Avenue</i>	3. Mailing Address
Suite, Apt. #, etc. <i>Atlantic Beach, FL</i>	Suite, Apt. #, etc. <i>OK-above</i>
City & State	City & State
Zip <i>32233</i>	Country <i>USA</i>

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3607395	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 ELMORE, KELLY R 1650-1 BEACH AVE ATLANTIC BEACH FL 32233	
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 _____ (NOTE: Registered Agent's signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PSTD ELMORE, KELLY R PO BOX 330351 N/A ATLANTIC BEACH FL 32233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Kelly R. Elmore* 2.5.07 904 246 6219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #