

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # S09284

1. Entity Name
KELLY MCGILLIS, INC.



Principal Place of Business
**2699 S. BAYSHORE DR.
SUITE 400
MIAMI, FL 33133**

Mailing Address
**2699 S. BAYSHORE DR.
SUITE 400
MIAMI, FL 33133**

DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number **13-3208317** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KAUFMAN, ROSSIN & CO.
2699 S. BAYSHORE DR.
SUITE 400
MIAMI, FL 33133**

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MCGILLIS, KELLY A.**
STREET ADDRESS **2699 S. BAYSHORE DR 400**
CITY-ST-ZIP **MIAMI, FL**

TITLE **S**
NAME **KAUFMAN, JAMES R.**
STREET ADDRESS **2699 S. BAYSHORE DR 400**
CITY-ST-ZIP **MIAMI, FL**

TITLE
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01/30/06-80030-017 150.00

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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

1-17-06 6107773344
Date Daytime Phone