


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90108 019 ***150.00

DOCUMENT # V65181 1. Entity Name KELLYCO, INC.					
Principal Place of Business 1085 BELLE AVENUE WINTER SPRINGS, FL 32708			Mailing Address 1085 BELLE AVENUE WINTER SPRINGS, FL 32708		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LOVETT, W. THOMAS 200 E. ROBINSON ST. SUITE 500 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Todd M. Hoepker, P.A. Street Address (P.O. Box Number is Not Acceptable) 390 North Orange Ave. Ste. 1800 City Orlando	
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 <u>Todd M. Hoepker</u> 3/9/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 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	DP AUERBACH, STUART S. 1085 BELLE AVE. WINTER SPRINGS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST AUERBACH, LEITA C. 1085 BELLE AVE. WINTER SPRINGS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>John Fetner</u> 3/4/5 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

50025932



01032005 Chg-P CR2E034 (10/03)

\$8.75 Additional
Fee Required

FL Zip Code
32802

DATE

Date

Daytime Phone #